The Family Partnership Model in practice in New South Wales: Working with families with complex needs to make a difference

Received via Governance International

Published On: 18 November 2015

Organisation: Karitane

Country: Australia

Level of government: Regional/State government

Sector: Social protection

Type: Partnerships, Public Service

Launched in: 2011

Overall development time: 1 year(s)

Link to the innovation's website

Description

The State of New South Wales in Australia has adopted the Family Partnership Model (FPM) developed by the Centre for Parent and Child Support in the UK as the preferred approach to child and family services.

This case study shows how this approach to co-production works at a Residential Unit for families with young children with complex needs provided by Karitane, an organisation providing a range of child and family services based in Carramar, Sydney.

Why the innovation was developed

- Karitane's aims reflect those of FPM and the NSW government in terms of supporting young citizens to break cycles of neglect and inequality.
- The Residential Unit supports families experiencing challenges in parenting children under four years of age. Families receive round-the-clock support during a single five-day stay. FPM helped to bring about service delivery that actively involves parents in negotiating goals, making decisions, and assessing outcomes.
- Within the FPM, outcomes are identified as building capacity, problem anticipation and resolution, and resilience in families, rather than as short-term fixes to problems where professionals solve problems for families.

Objectives

Develop staff capacity, Improve access, Improve service quality, Improve social equity, Improve user satisfaction

- The impetus for change came from recognition, shared across many countries, of the problems that arise from 'traditional' expert-led approaches within the health service sector. Expert-led approaches tend to focus on the development and communication of professionals' expert knowledge, paying less attention to engaging and enabling clients or patients to be active partners in the health care process.
- As a consequence, families can be discouraged from engaging with services. They may be less likely to follow through on professional advice if they do not feel engaged, listened to and involved in decisions that affect their health and their daily lives.
- Involving service users as active and knowledgeable participants, rather than passive consumers of child and family health services, aligns with an international policy focus calling for more co-productive and partnership-based approaches.

Main beneficiaries

Families, Government staff, High-risk populations, Low-income groups

- Families
- Children
- New South Wales government service providers
- The wider community

Results

Service quality

Responsiveness:

- The values and language of partnership (i.e. the approach to co-production as espoused in the FPM) are now infused in all aspects of daily practices on the Residential Unit.
- The approach of enabling and supporting parents to make changes, rather than staff solving problems for them, is discussed from the outset, including in the intake calls, in the welcome group, and in admission interviews.
- Admission processes allow staff to explore parents' needs and understandings, and include a negotiated goal-setting process, respecting parents' priorities. Strategy planning provides an opportunity for professional expertise to be presented, but this is done tentatively, taking into account parents' strengths and vulnerabilities.
- During the week, staff guide, support and challenge parents, and at least once a day, goals and progress are reviewed, with parents given the opportunity to change the approach or focus.
- Discussions between clinical staff (such as handover, case conference, team debrief) have evolved so that they now have a strong focus on the relationship between staff and families and specific features of FPM. These interactions monitor the levels of support and challenge that are offered to families, and ensure consistency across relationships between the organisation and particular families.

Development

Design

The FPM was developed at the Centre for Parent and Child Support in the UK, part of South London and Maudsley NHS Foundation Trust. It is an evidence-based approach built around a suite of professional training courses, with an associated set of training manuals.

These enhance professionals' skills in negotiation and communication, and provide professionals with a robust platform upon which to build co-production practices based on particular characteristics of the relationship with clients, families and colleagues referred to in this context as the partnership relationship.

The elements of the Family Partnership Model are: a stepped helping process; family characteristics; helper qualities; advanced communication skills; construct theory; ingredients of the partnership relationship; clear outcomes of helping and the wider service context. Further details are available via the CPCS website: http://www.cpcs.org.uk/index.php?page=family-partnership-training.

Karitane is one of several organisations providing services for families with young children across the state of New South Wales, Australia. Co-production practices are embedded under the rubric of the FPM in all its work.

Testing

- The Family Partnership Model (FPM) has a well established research base, including prevention and early intervention studies conducted by the Centre for Parent and Child Support, UK and studies conducted by independent researchers mainly in Australia.
- This research has involved many different types of family situation, including young children with emotional and behavioural problems, children with developmental difficulties, and families involved in universal and targeted promotional and prevention programmes in pregnancy and the first year after birth.
- A strength of the research is that it has always involved frontline practitioners and families in regular service settings. It has not relied upon research staff that have been specially selected and trained to take part in a study or families specifically recruited to take part in research.
- This research has shown that FPM has a positive impact on the developmental progress of children, parent-child interaction, and the psychological functioning of parents, families and children, when compared, most often, with care and treatment as usual. Testing at Karitane included:
- • Parent interview - by a senior clinical leader following a comprehensive assessment on admission to the Residential Unit. • Staff skills assessment / Observational assessment – self-reflection and evaluation of partnership in practice.• Consumer feedback post discharge – for example "do you feel that you were involved in the planning of your care and shared in the decision making during your stay at Karitane – over the phone and on-line evaluation forms".• Case review - includes identification of the family partnership model in practice, skills building and increase mindfulness of FPM principles.

Implementation

Tools used:

- The FPM Foundation course was made available to all child and family health professionals across NSW from 2003. The original developers of the FPM in the UK developed strong links with many health services across Australia, delivering training directly to facilitators.
- The original developers now work in a consultative role as Australian organisations develop capacity to deliver FPM training themselves. The Foundation course is usually delivered in 5 full days or 10 half days spread over two or more months. It covers all aspects of the Model, including stages of the helping process, ingredients of partnership, helper qualities and skills, and makes use of experiential learning using skills practice and Socratic discussions in which participants draw on their clinical and personal experience.
- There are currently no renewal requirements once training is completed, but the Model explicitly adopts the view that this training marks the beginning of a process, rather than a conclusion, and ongoing personal reflection, ongoing professional development and support through clinical supervision are anticipated.

Resources used:

- The costs and savings associated with the adoption and impact of FPM in child and family health services are difficult to quantify in purely economic terms. FPM is not designed to deliver lean efficiency, but rather to ensure the best possible outcomes for families.
- The upfront outlay in terms of providing FPM Foundation training to clinical staff is modest. Literature and resources relating to FPM are available at minimal cost and the approach taken by the Centre for Parent and Child Support in the UK encourages organisations to invest in a small number of staff completing additional FPM courses so they can then deliver training in-house (reducing costs of training staff) and connect with other services in their community. Compared to some other approaches the costs of implementing FPM are low.

Lessons Learned

Lessons Learned

- Changes oriented towards co-production, such as moving from an expert model to patient-centred care (e.g. the FPM approach), benefit from being linked to specific, conceptually rigorous, and research-based statements of values and elements. Also needed are the appropriate skills and practices that will allow these values and elements to be put into effect.
- Investments in workforce development should be aligned with specific models of practice; education can be framed so as to tap into existing values and professional commitments, e.g. around a shared desire to deliver positive outcomes.
- There is a risk that the pendulum can swing from dominance of the professional, to weak professionalism. FPM, and co-production more widely cannot be reduced to simply ‘being nice’ to service users. Outcomes achieved at Karitane rely on professionals using their expertise to support, guide and challenge parents, while recognising the expertise, knowledge, strengths and skills of parents.
- Changes dominated by a focus on cost saving and efficiency may lose sight of the longer-term benefits that flow from high quality services. Triggering sustained change may require initial and on-going investment. However, working differently may result from qualitative changes without needing increases or reductions in staffing levels, intensity of workload.
- The impacts of partnership may be hard to capture in solely economic and other quantitative measures. Identifying the benefits of engaging with citizens differently is likely to require a mix of qualitative and quantitative, short and medium-term measures.

Conditions for success

- Cultural change in organisational practices needs to span across all horizontal sections of the organisation, as well as vertically down through it, and is supported when all staff, including all types of professionals, can embark on a journey of change together.
- Organisations will need to provide ongoing support (in this case it was through clinical supervision) after training is completed.
- Change must permeate practices and not be confined to novel additions to everyday work; this was seen in the relationship-focused nature of handover and case conferences at Karitane.