



Working in Partnership with Families: A Model of the Processes of Helping

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Giving

It is when you give of yourself that you truly give.

K. Gibran, The Prophet

Outline of Presentation

Describe the Family Partnership Model.

Look at its implications.

Consider the applications of the Model.

Illustrate the evidence base.

Need for a Model

Few models are easily accessible to all.

Implicit expert models are widespread.

Psychosocial problems are extremely prevalent.

Service dissatisfaction.

Most vulnerable have least service access.

Prevention/promotion are crucial by all workers.

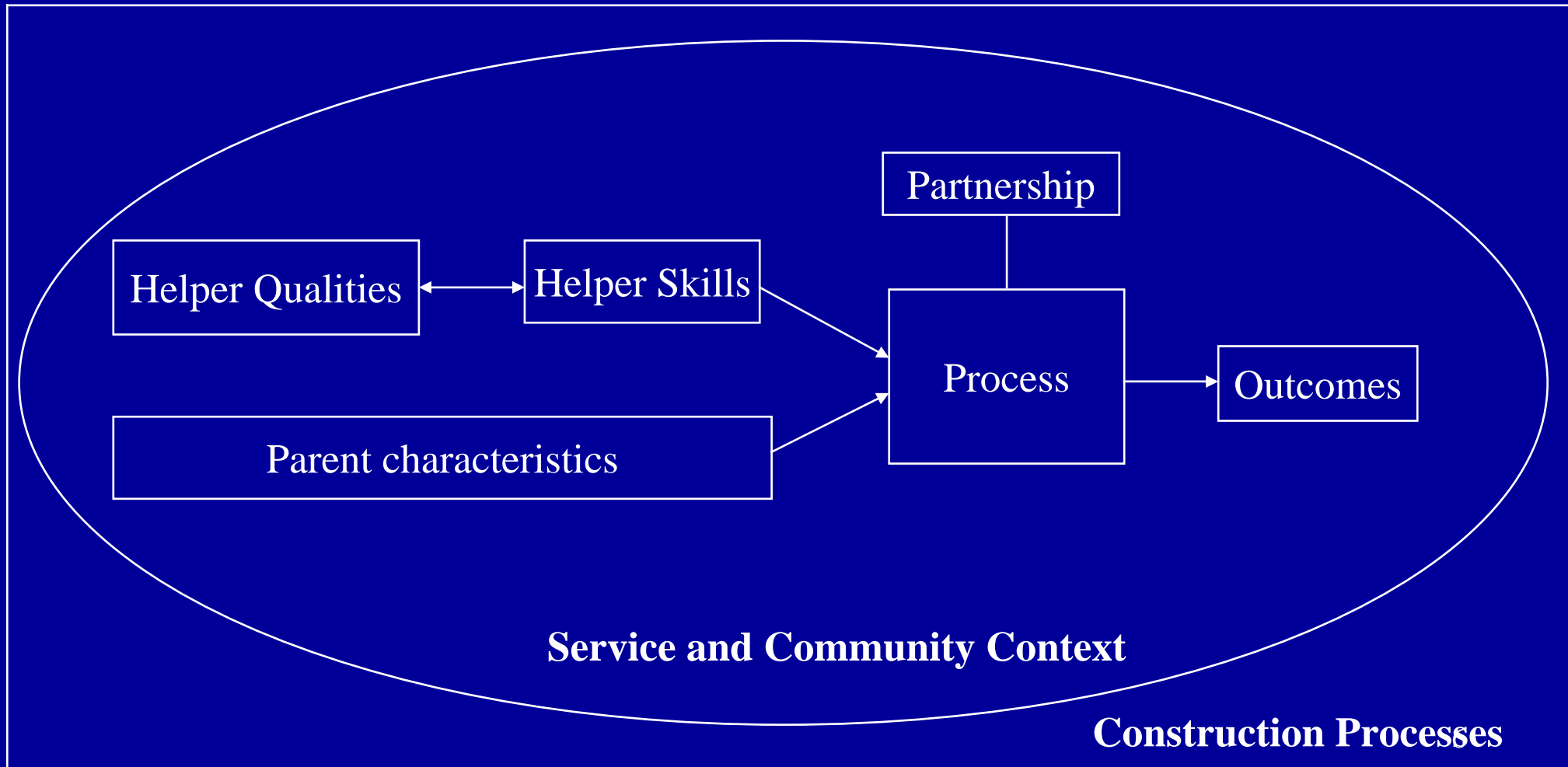
Theoretical Basis of Partnership Model

Davis H, Day C & Bidmead C (2002).

**Working in Partnership with Parents: The Parent
Adviser Model.**

London: Harcourt Assessment.

Family Partnership Model



Intended Outcomes of Helping

Do no harm

Help parents identify, clarify and manage problems.

Enable parents (including problem anticipation).

Enable development and well-being of children.

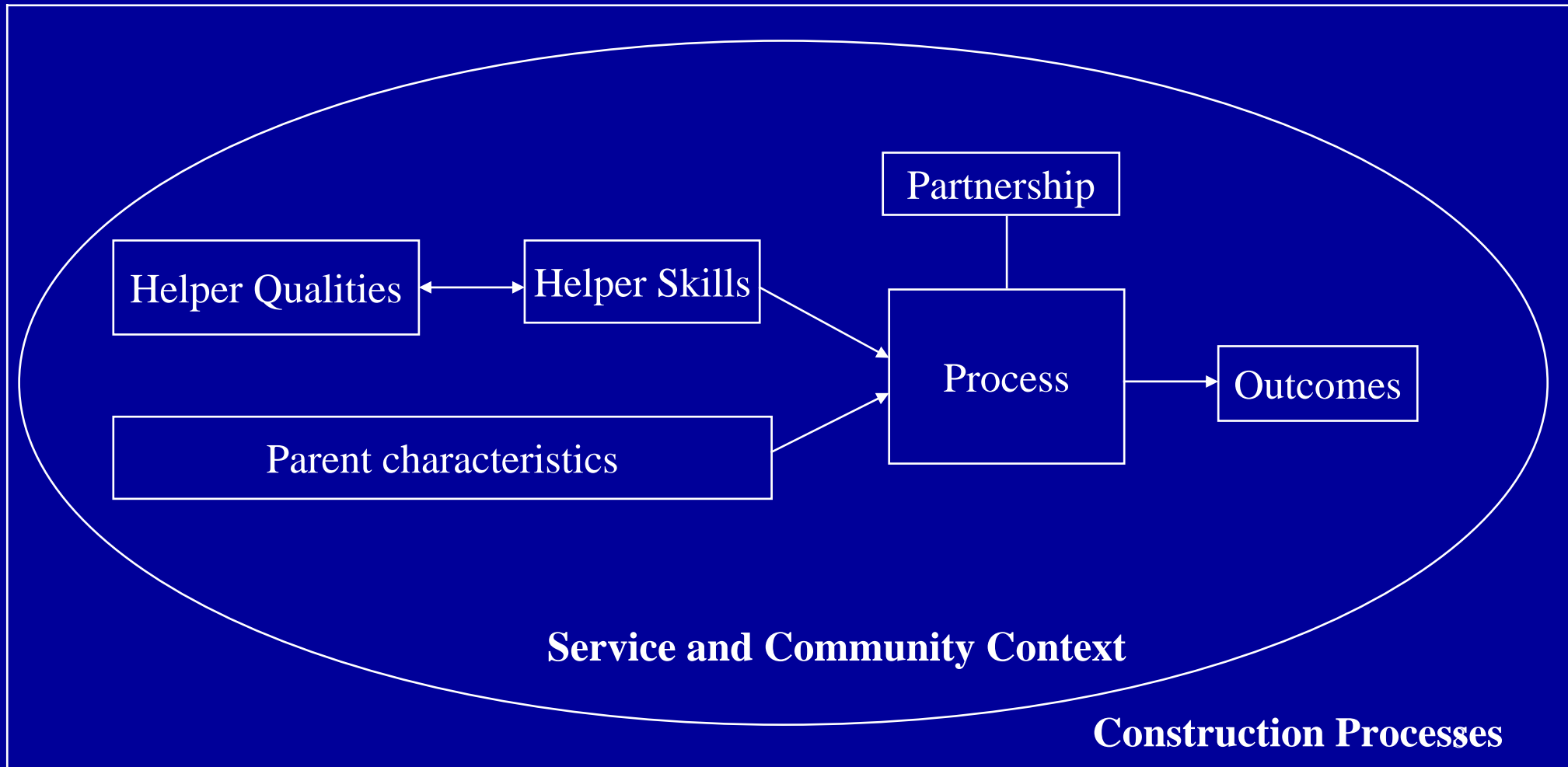
Facilitate social support and community development.

Enable service support.

Compensate where necessary.

Improve the quality of care.

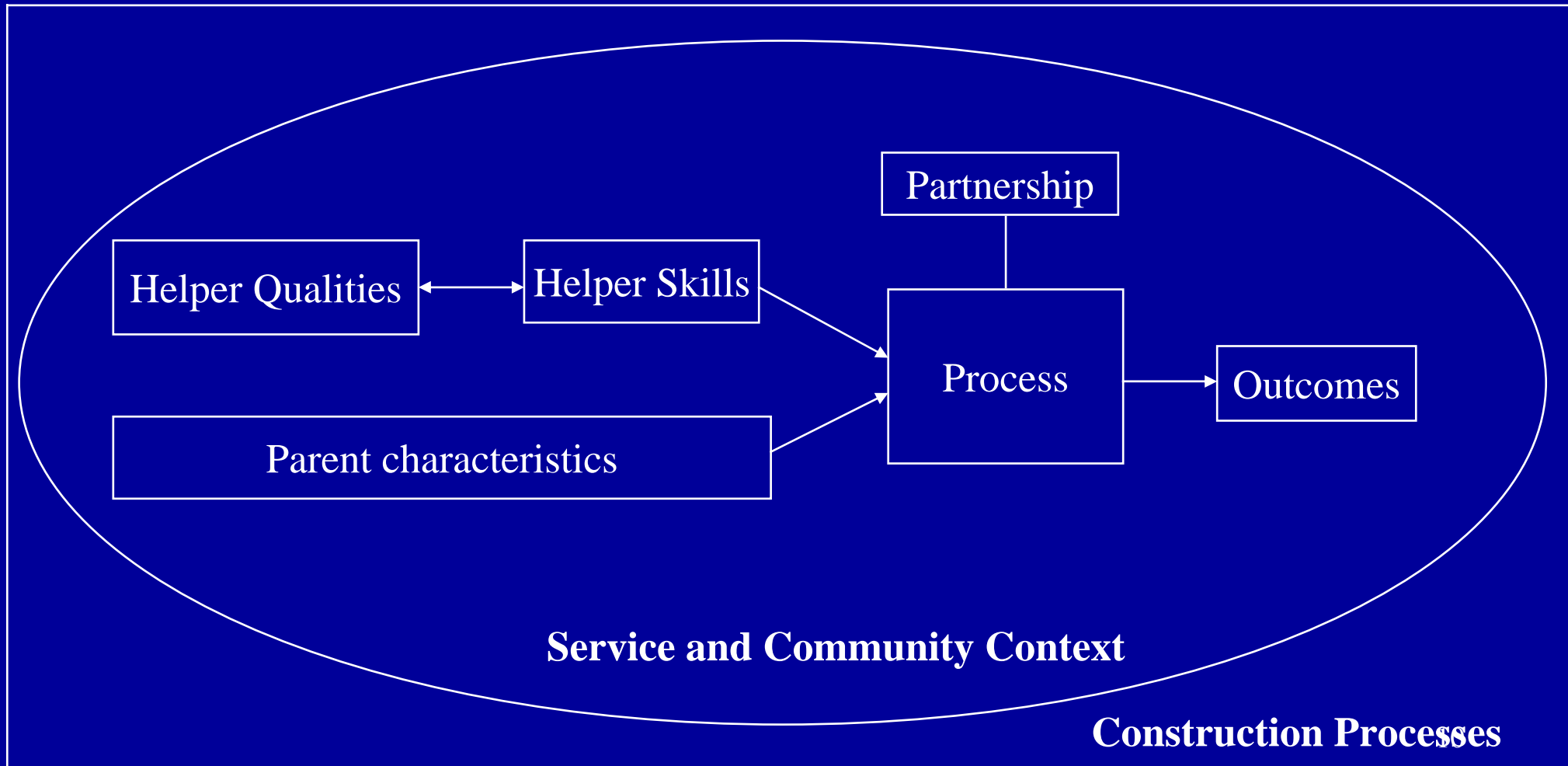
Family Partnership Model



The Helping Process



Family Partnership Model



Partnership

Working together with active participation/involvement

Sharing decision making power

Recognition of complementary expertise and roles.

Sharing and agreeing aims and process of helping

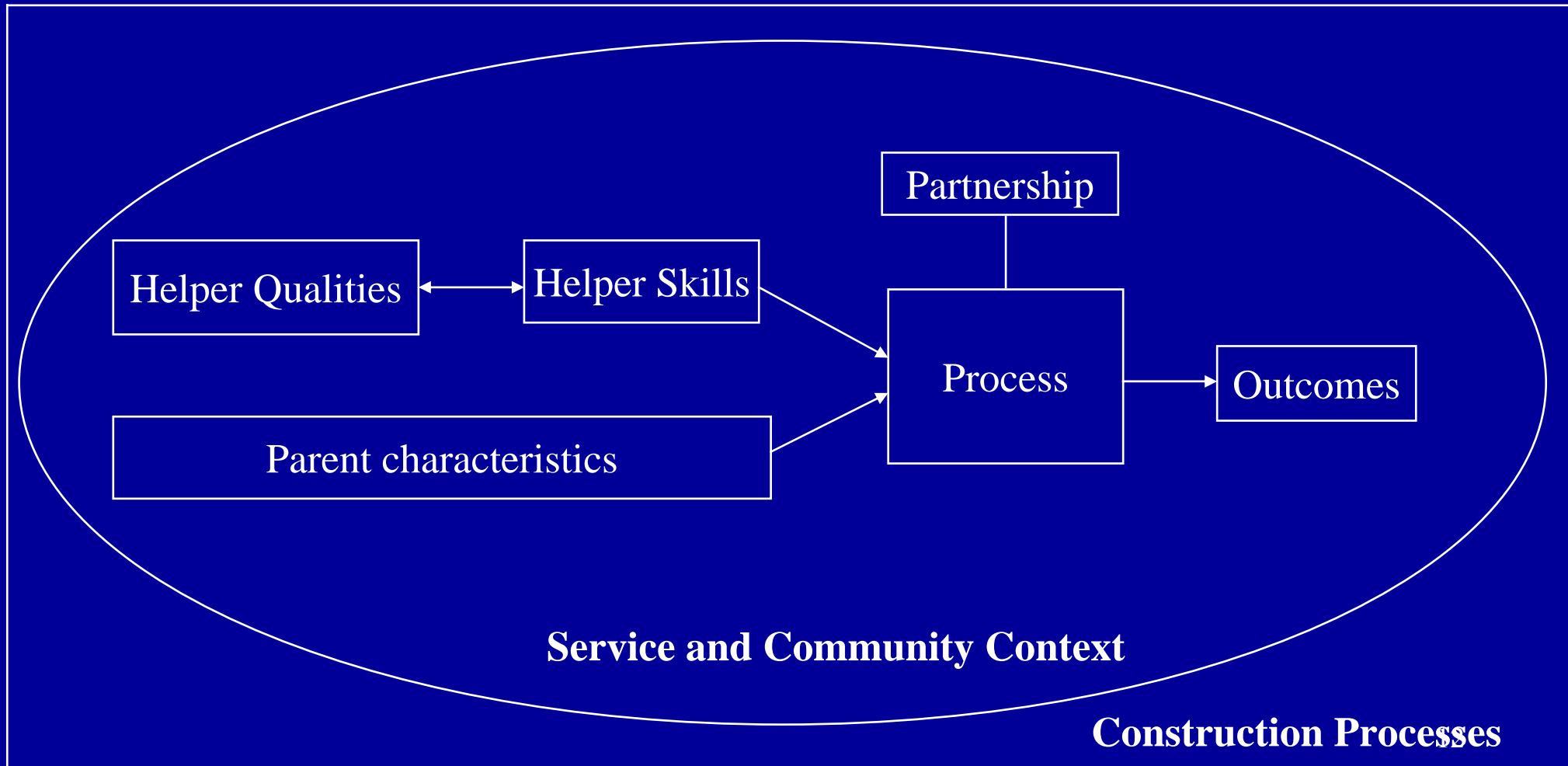
Negotiation of disagreement

Mutual trust and respect

Openness and honesty

Clear communication

Family Partnership Model



Helper Interpersonal Skills

Attention/Active listening

Prompting and exploration

Empathic responding

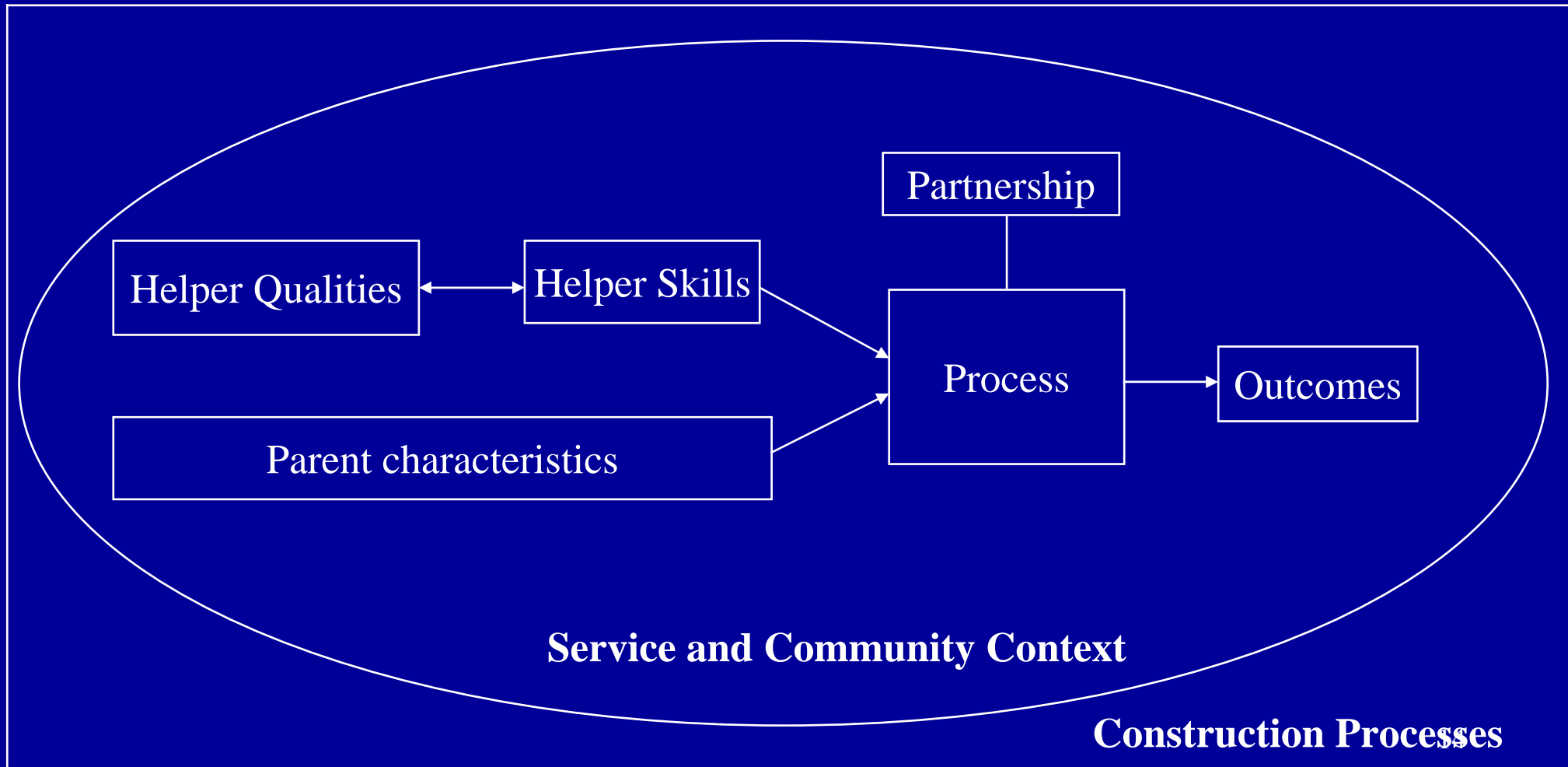
Enthusiating and encouraging

Enabling change in ideas

Negotiating

Problem management

Family Partnership Model



Helper Qualities

Respect

Genuineness

Empathy

Humility

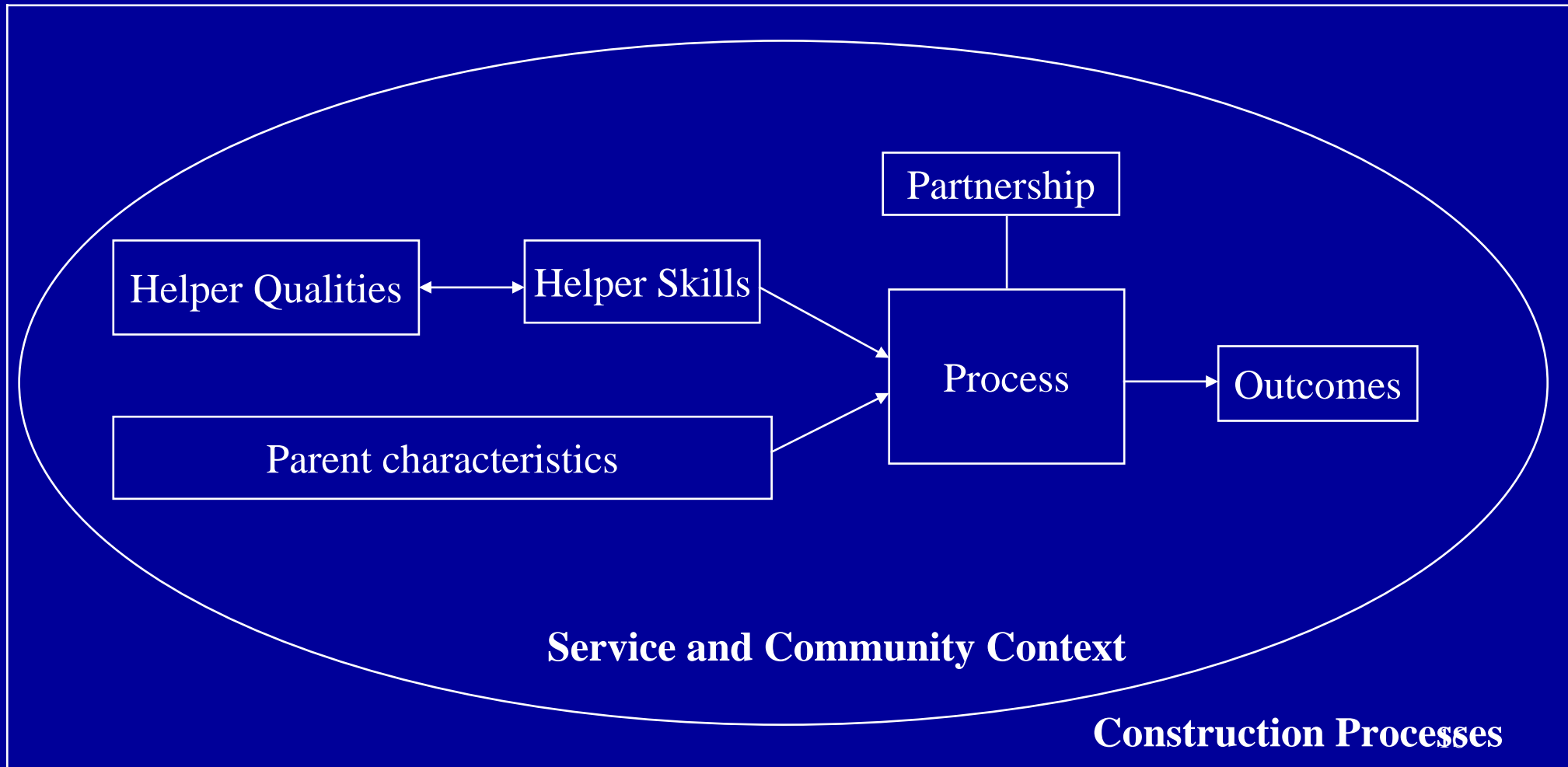
Quiet enthusiasm

Personal integrity

Intellectual and emotional attunement

Technical expertise

Family Partnership Model



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Parent Characteristics

Personal qualities and interpersonal skills

Nature and extent of problems

Barriers to engagement and motivation to change

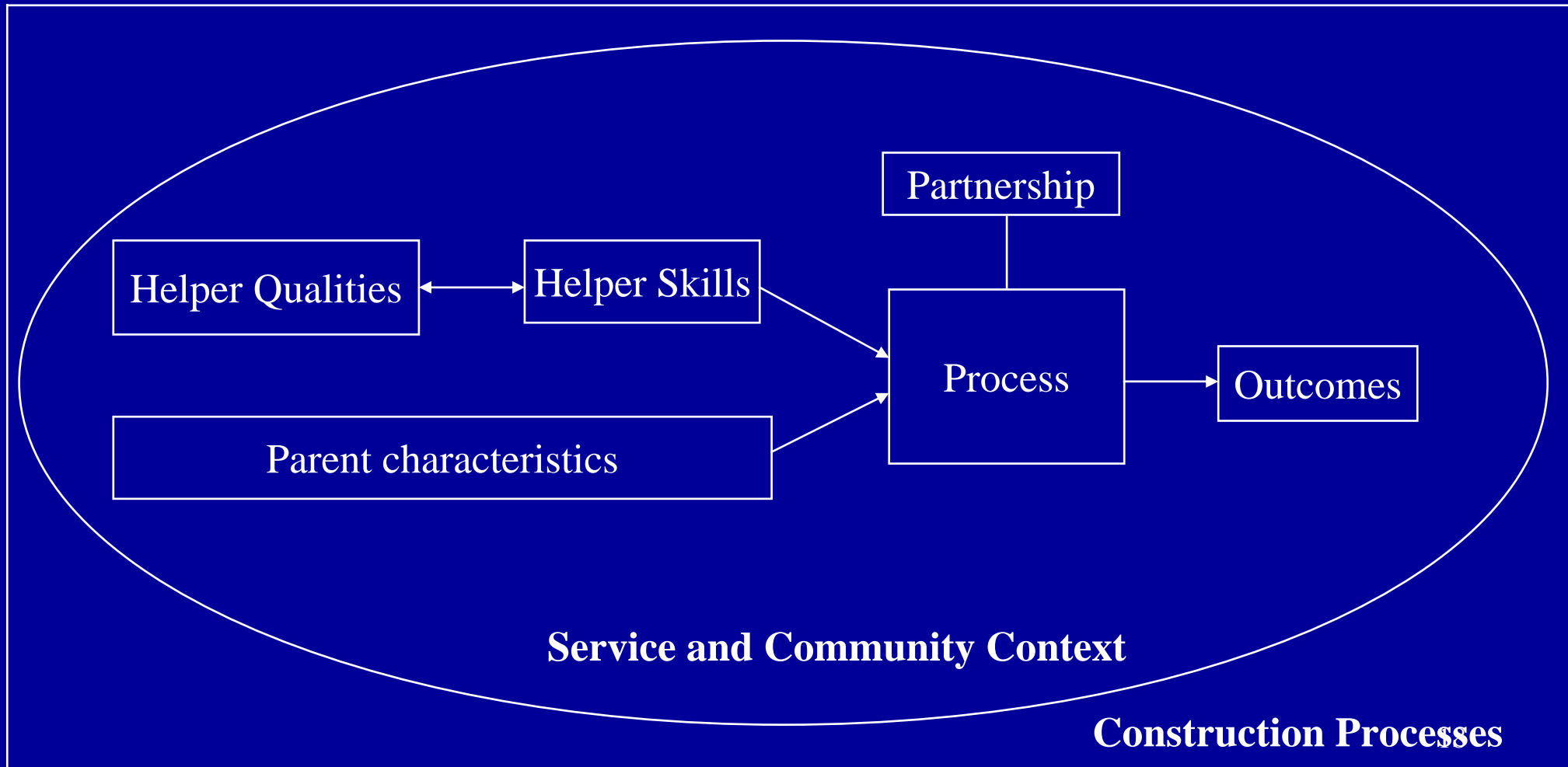
Attitudes and beliefs about services

Expectations of outcome

Socioeconomic circumstances

Culture

Family Partnership Model



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Service and Community Context

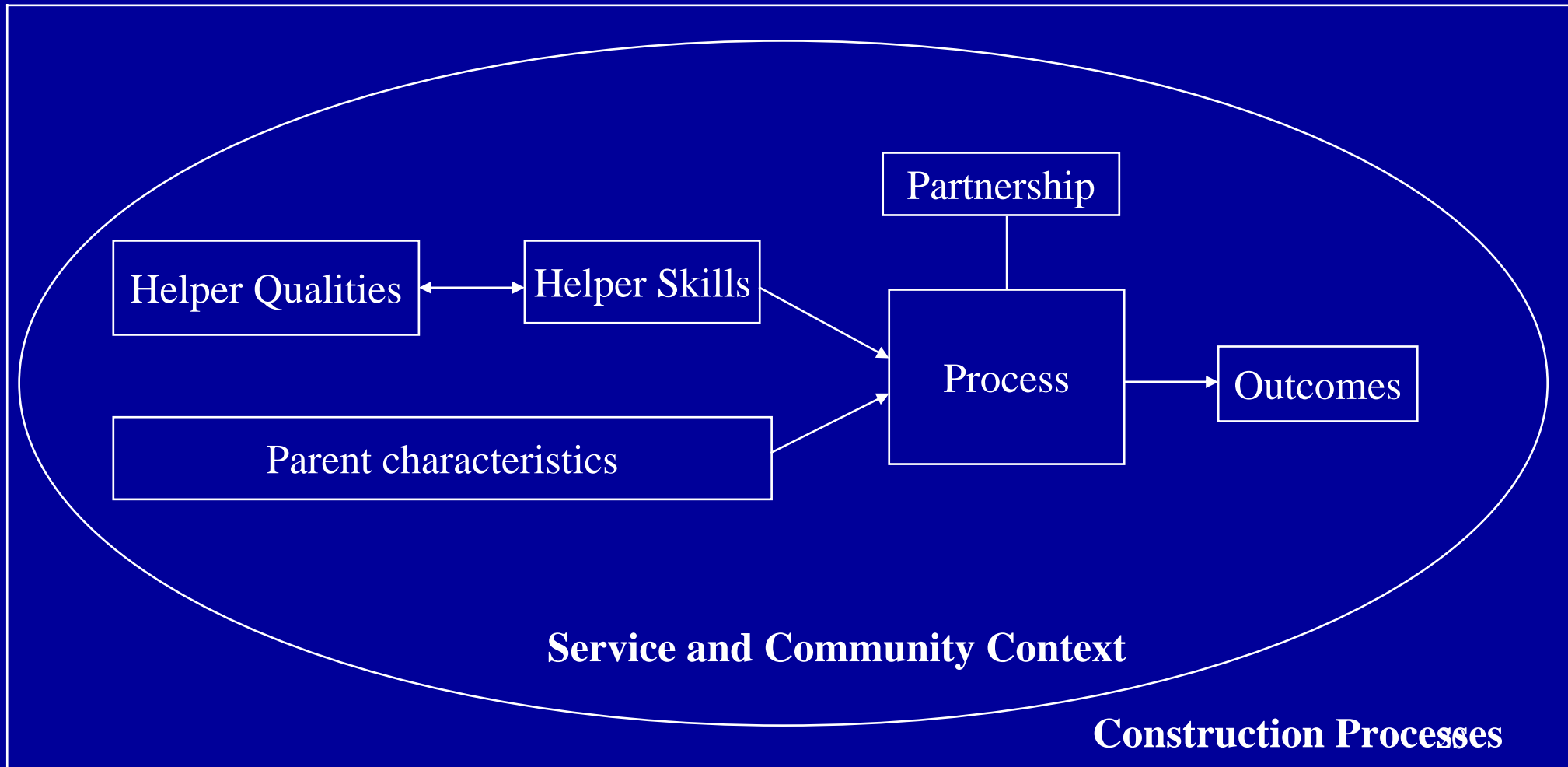
Support for staff

Characteristics of service

Characteristics of population

Geographical characteristics

Family Partnership Model



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Construing

All take in and process information for meaning

All construct a model of the world

In order to anticipate and adapt

Model derives from individual experience

Unique to the individual

Not necessarily conscious or verbal

Constant process of testing, clarification and change

Social interaction determined by constructions of others

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Parallel Processes: Platinum Rule

“Do unto others as you would have others do unto others.”

Pawl (1994-95)

Implications of Model

Personnel selection

Training

Management/supervision

Selection and training of managers

Service design

Process research

Family Partnership Training: Levels

Core Course: 10 sessions

Add-on modules: 6 sessions

Supervisor Course: 10 sessions

Facilitator Course: 12 sessions

Trainers Course: 12 sessions

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Family Partnership Training: Style

Designed on the Partnership Model

Reflecting/demonstrates the Partnership Model

Conceptual and skills focused

Interactive throughout

Based upon Socratic questioning

People Trained

Health Visitors, Paediatric and School Nurses

Therapists: Speech, Physios, & OTs

Paediatricians, Psychologists, Psychotherapists

Teachers: All Ages and Special Needs

Early Years and Child Care Staff, Youth Workers

Social Workers and Educational Welfare Officers

Parents and Voluntary Agency Staff

Family Partnership Model Applications

Childhood Disability

Adult Disability

SCBU Follow-up for Very Low Birth Weight

Preschool Emotional & Behavioural Problems

Promotion of Child Mental Health

Prevention of Abuse and Neglect

School and Community Development

EEPP Satisfaction with Training (n=54)

	Mean	(sd)
Style (1-4):	3.6	(0.4)
Content (1-5):	4.2	(0.4)
Confidence (1-4):	3.3	(0.5)
Skills gain (1-5):	4.3	(0.5)
Total satisfaction (1-5):	4.5	(0.6)

Core Course Feedback

To what extent would you recommend the course to other colleagues?

Highly recommend:	187	68%
Recommend:	73	26.5%
Not sure:	14	5.1%
Unlikely to recommend:	1	0.4%
Would not recommend:	0	0%

Core Course Feedback

To what extent did you feel respected during the training?

Very much so:	199	72%
A lot:	71	26%
A little:	5	2%
Not at all:	0	0%

Effects of Training on Self-efficacy

Study of 26 parent advisers

Pre-training mean 55.2
($p < 0.0001$)

Post-training 29.4
15 items of 19 changed significantly.

15 waiting for training: no significant change over same
Period; no items changed significantly.

Effects of Training on Empathy

From Rushton and Davis (1992) using 9 point scale

	Pre-training	p	Post-training
Trained (n=26)	4.0	0.005	5.0
Untrained (n=15)	4.1	ns	4.1

(Effect size=0.50)

EEPP Families In Need (UK)

	HV Judgment	Research Judgment
Intervention	62 (55%)	77 (68%)
Comparison	25 (24%)	73 (71%)

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Frequency of Problems Rated by Trained and Untrained Health Visitors

	Trained	Untrained
Mental health problems ($p < 0.001$)	19	3
Marital discord ($p = 0.008$)	23	6
Social isolation ($p < 0.001$)	30	4
Financial problems ($p < 0.001$)	19	1
Adverse life events ($p = 0.041$)	15	6

Accuracy Of Specific Need Identification

	Intervention	Comparison
Cyprus	55%	67%
Finland	61%	68%
Greece	78%	32%
Serbia	53%	47%
UK	66%	32%
Total	62%	49%

Mothers' Satisfaction with EEPP Service (Medians)

	Intervention	Comparison	p
Cyprus	33	38	0.003
Finland	20.5	21	0.2
Greece	13	20	0.0002
Serbia	16	19	0.08
UK	20	25	0.03
Total	20.5	25	

Average effect size= 0.4

Themes from Oxford Post-Service Interviews

Strong initial reservations about the service.

Very positive first impressions of HV.

Very positive descriptions of HVs.

Relationship developed, deepened, more effective.

Enabled referral to social services.

Benefits: self-confidence, helpful advice, parenting skills with index and other children, leaving violent relationships, more in control.

Changed attitudes and improved relationships with other professionals.

Parenting Stress Index

	Pre		Post
Intervention	100.4	(p=0.0001)	87.7
Comparison	104.3	(p=0.65)	102.9

Effect Size: 0.59

Clinical caseness cut off: 90+

See Davis & Spurr (1998)

Maternal Self-esteem

	Pre		Post
Intervention	1.92	(p=0.008)	1.63
Comparison	2.15	(p=0.08)	2.42
		Effect Size:	1.00

See Davis & Spurr (1998)

Child Positiveness (Family Grid)

	Pre		Post
Intervention	1.94	(p=0.0001)	1.54
Comparison	2.14	(p=0.80)	2.22

Possible score from 0-6

See Davis & Spurr (1998)

Child Behaviour Checklist

	Pre		Post
Intervention	70.5	(p=0.0001)	59.5
Comparison	73.1	(p=0.2)	68.8

Effect Size: 0.79

Clinical caseness cut off: 64+

See Davis & Spurr (1998)

Home Inventory: Birth To Three Years

	Pre		Post
Intervention	26.9	(p=0.0001)	32.5
Comparison	28.1	(p=0.15)	26.0

Effect Size: 1.04

See Davis & Spurr (1998)

Suffering

**Suffering is not a question that demands an answer;
it is not a problem that demands a solution;
it is a mystery that demands a presence.**

Anon.

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For Further Information

www.cpcs.org.uk

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