

Practice example: Workforce development – Family Partnership Model training

Background

Southwark provides a number of training opportunities for staff working with parents with mental health problems, including statutory safeguarding training for mental health practitioners and Crossing Bridges training.

However, a need was identified locally for training for adult mental health practitioners that went beyond safeguarding responsibilities.

The Family Strategy Group commissioned the Centre for Parent and Child Support to train adult mental health practitioners using the Family Partnership Model (2002). This model had previously been used largely for professionals working primarily with children and families. The model was therefore adapted for use with adult mental health staff.

Intended outcomes

The Family Strategy Group's intended outcome of the training was to provide staff with a conceptual framework and a set of skills for working in partnership with parents with mental health problems, in particular to:

- see service users in a family context – as parents and potential parents
- be mindful of the needs of the children of their clients including, but not restricted to, their safeguarding responsibilities
- build supportive, purposeful relationships with service users. This also helps to facilitate the above two roles.

Practical actions

The training was adapted for use with mental health staff by a group including one of the model developers, a service user advocate and mental health professionals. This resulted in the 'adapted Family Partnership Model' (2009).

The training was then piloted with a group of nine staff from a Community Mental Health Team. The training was delivered by three trainers, one of whom is a parent and has previously used South London and Maudsley (SLAM) NHS Foundation Trust services.

A year later, a second cohort of training was delivered by the same service user advocate and another trainer from the Centre for Parent and Child Support. The training was attended by eleven practitioners from a range of teams within SLAM..

The training was delivered in five one-day sessions across a five-week period. This model of delivery was chosen in order to optimise attendance and also to give practitioners adequate time between sessions to reflect and start to embed the model in their practice.

What actually happened

The training was evaluated to assess participant reactions and the impact it had had on their practice.

Initial reactions and perceived changes in attitudes, skills and knowledge were evaluated using self-completion questionnaires at the end of the training. Interviews were also conducted with nine practitioners who had taken part in the training: six from the first cohort and three from the second cohort. These were undertaken approximately 18 and six months respectively after the training had been completed.

Focus groups were held with parents to discuss their perceptions of practitioners' practice following the training. Recruitment for the focus groups proved challenging for both cohorts. However, following a mailing of all clients of the team involved in the first cohort of training, two focus groups were held. For the second cohort it was not possible to convene groups and so individual interviews with parents were held instead.

The evaluation showed that the training had a positive impact on practitioners' knowledge and skills in terms of:

- gaining new knowledge (for example, relating to parent-child dynamics)
- refreshing knowledge they had gained at other points, for example during their professional training
- putting a structured framework around skills they already had in relation to working with families.

The training also led to changes in practice in terms of:

- practitioners' awareness and involvement of children of their clients
- their understanding and 'use' of their relationship with their client
- exploring and clarifying situations
- agreeing and reviewing tasks with clients.

Service user involvement in designing and delivering the training was valued by the participants.

Advice for others

Family Partnership Model training should be delivered by an appropriately trained professional and, if possible, a parent who has used mental health services.

Ongoing support after the training is vital. Here, regular group reflective practice sessions have proved to be very important in continuing to build people's confidence and skills in using the model.

As part of this, it is helpful if team managers can be trained, as well as frontline practitioners, so that they can provide support and leadership for the approach.

Both trainers felt that it would be helpful for trainees to have more preparation before starting the training. It was suggested that this should be in terms of:

- thinking about a family with whom they are working, who they can 'keep in mind' during the training
- thinking about what they would like to get out of the training.

The focus groups with parents are an important part of getting feedback on the effectiveness of the training. Parent focus groups need to be built in to the recruitment and preparation for the training as a whole. It was felt that recruitment of parents would be best done face-to-face by participants in the training, so it would help if the trainees were aware of this from the outset.