Reflecting on family centred practice and gaining pearls of wisdom.

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BACKGROUND

Since 2003 Western Australian Country Health Service South West (WACHS-SW) facilitators have run Family Partnership Training Australia Inc. (FPTA) courses. The 5-day Core Skills course assists Allied Health (AH) and Community Health Nurses (CHN) use a model of practice, which enables an understanding of the helping process to build relationships and work in partnership so that parents can adapt and set appropriate goals for child parent problems.

This family centred model was developed and has been used extensively in the UK where it is known as the Parent Advisor Training. The model has been used across Western Australia since 2001 in non-government and government agencies. Some 1,600 people in helping roles have received training. Although supervision is an integral part of the model to maintain skills and knowledge, it has not been implemented systematically with the program.

The program developers state that “Supervision is crucial to service provision in which psychological and social issues are involved. Helping can be a difficult task, in which the practitioner is frequently exposed to the distress of others and uncertainty about outcomes achievable.”

A 2004 evaluation of Family Partnership Training in WA reported “ongoing supervision of those trained is ad hoc rather than the norm”. It would seem that this is still the case across WA where model refreshers and supervision is provided inconsistently or not at all.

In order to work within a model of family-centred practice, workers need to be effective helpers. Reflecting on FPT practice in groups and individually with trained supervisors can facilitate learning, development and support.

THE SOUTHWEST CONTEXT

WACHS-SW region covers an area of 23,970 square kilometres, around 1% of the landmass of Western Australia extending from Yarloop in the north, Augusta in the south, and Walpole in the east. It includes 16 communities and has the largest population outside of the metropolitan area with an estimated population of 141,677 people living in the region in 2006.

The Community Health Service (CH) sits within the Population Health Directorate. The focus of all community health is on preventing illness and maintaining health through prevention, promotion and intervention strategies and programs that empower the individual and community to make choices, which lead to a better health outcome.

There are 5 teams, which provide community based services across the region. These teams provide both site based and outreach services. They include Child and School Health Nursing, Specialist Nursing, Audiology, Health Promotion, Nutrition & Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Social Work and Speech Pathology working in community as well as participating in their site child development teams.

FPTP Core Skills training has been provided in the SW for the past 7 years.

| Number of AH and CHN in Community Health | 150 |
| Completed Core Skills Training in Family Partnerships | 117 | 78% |
| Trained Supervisors | 21 | 14% |
| Trained Course Facilitators | 4 | 2.6% |
Until 2009 there has been no formal process whereby staff can maintain their skills through FPT refreshers or individual reflective practice reviews with a FPT Supervisor. Without this process, the skills and competence of staff may decrease overtime. A 2008 survey of CH nurses conducted in the Warren Blackwood (W/B) area confirmed that FPT staff felt unsupported and were seeking supervision. When asked, “What would help you use the FP model more effectively or confidently?” Responses like this were typical “Clinical supervision – regularly- time allocated to reflect, refresh the helper model and clinical approach with clients, how could I practice differently” and “As the years have gone by since attending the initial course without having supervision or having attended a refresher course, I feel my skills have decreased.” Local facilitators and management recognised this gap in support of the program and identified the benefits of Supervision. Supervision provides the worker with the opportunity to:

- reflect upon their work in order to learn and develop
- gain personal support
- consolidate the essential qualities and skills required for family centred practice
- develop a satisfying work environment
- evaluate output and quality of work
- manage risks

Supervision coupled with the FPT Core Skills course benefits the organisation in its implementation of:

- family centred practice
- effective, client driven care plans
- increased worker job satisfaction
- long term strategies to empower clients to better manage their own problems and improve psychosocial health
- a safe environment
- EQuIP standards

A project plan was initiated to provide a structured framework for the continuity of FPT course training and supervision in the SW. This paper reports on the first 12 months.

**METHODOLOGY**

A project co - ordinator and small working party was established to develop the program and conduct a pilot in Warren/Blackwood (WB) area for 5 months before the program was introduced to the rest of the SW. This paper reports on the first 12 months.

**WB Pilot:**

Supervision was defined as a process where a family partnership trained supervisor and a supervisee take time to reflect on the supervisee’s practice in using the family partnership model. It included:

- Reflective practice
- FPTP Case Formulation
- Model review and clarification

Supervision is self initiated and directed, linked to performance development and time protected. The FPT Supervision model pilot was reviewed 06/08/09:

- It ran for 5 months.
• 15 Warren Blackwood core trained staff attended a Reflective Practice refresher and introduction to Supervision.

• 11 W/B core trained staff participated in Supervision.

• 4 On line (Survey Monkey) feedback forms were developed and trialled.

• The Client Evaluation Surveys was developed.

On line evaluations have been used to monitor how Supervisors and Supervisees found the experience. In the pilot:

• Staff reported they continue to use the family partnership model in their practice, even many years after receiving core training. Most felt some model drift due to lack of refreshers and supervision. Most thought that refreshers and some access to supervision would improve their skills and outcomes for families.

• Staff were positive about attending the half day Refresher eg “great opportunity to review the model, reflect with colleagues”

• 100% were “willing or very willing to commence Supervision” and 82% did seek supervision.

• Supervision sessions were seen as beneficial for both the person being supervised and the supervisor. They liked the structured process and felt it was possible to build relationship, get a clear understanding of issues and develop strategies. All felt supervision had made a difference “to a fairly great, great or to a very great extent.” Average session was 46 minutes, though some thought more time was needed. Travel time average was 12 minutes. Group, individual and phone supervision sessions were used.

• Client Evaluation Survey – was developed during the pilot and distribution to families commenced at the end of the pilot. This data was reviewed at the end of 12months

APPLICATION
The pilot helped consolidate the process, refine evaluation tools and determine realistic expectations on supervision in the SW setting.
A structured framework was developed to support workers access ongoing refreshers and supervision. It:

- Provides Family Partnership Training courses in the SW to maintain capacity (minimum of one yearly Core course and one biannual Supervision course)
- Supports practitioners utilize FPT practice in the workplace
- Provides group refreshers (one half day session per region per year)
- Provides sufficient Supervisors throughout the region for individuals to have access to Supervision “close to home”. (minimum of 4 sessions per year)
- Assists the organisation meet EQuIP standards 1.1,1.3,1.4,2.2 and 2.4
- Provides an ongoing, online program evaluation process
- Ensures all newly trained FP practitioners have immediate access to Supervision and that other staff have the opportunity to link up with a Supervisor.
- Links Supervision to the participants workplace continuous learning log, the Learning Opportunities and Outcome program (LOOP).

The program has been going for 12 months (6 months in pilot stage and 6 months in implementation across the SW).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
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<tbody>
<tr>
<td>Delivered Supervision Course</td>
<td>8 trained</td>
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<tr>
<td>Delivered FPT Core Skills course x 2 (Manjimup and Busselton)</td>
<td>15 WACHS-SW trained staff</td>
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<tr>
<td>Provided Group Refreshers/Reflective Practice ½ day x 6</td>
<td>74 attended</td>
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<tr>
<td>Accessed individual Supervision</td>
<td>341 individuals</td>
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<tr>
<td>5 online (Survey Monkey) Feedback Surveys being used</td>
<td>Pre Supervision - 71</td>
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<td></td>
<td>Reflective Practice - 71</td>
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<tr>
<td></td>
<td>Supervisor -38</td>
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<td></td>
<td>Person Supervised – 41</td>
</tr>
<tr>
<td></td>
<td>Client Evaluation - 47</td>
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</tbody>
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**Group refreshers**

The introduction of group refreshers has had a positive effect on staff. Feedback from the refreshers and pre supervision surveys indicated FPT continued to be used in staff’s practice and opportunity to refresh was valued. eg “It was great to review FP model and stages” and “I can still use the model with families that are more “challenging”, I felt assured of myself as a therapist/practioner in the family centred practice model”. The group refreshers have been conducted in regional centres allowing staff greater access to a group closer to their workplace.
Supervision

71 staff have attended a Refresher and learnt about the Supervision Model. All staff trained in the last 12 months and continuing into the future will be required to take up Supervision within 2 months of
completing the course. Other FPTP staff have been given the opportunity to access Supervision. To date 41 individual supervision sessions have occurred with the majority having their first session.

Supervision has been linked to the individual's continuous learning log. LOOP.

Supervision session time has averaged 50 minutes and travel time 21 minutes. Staff often took the opportunity to get Supervision while attending other regional commitments, meetings etc. “It was great opportunity to clarify what I was doing and helped me to reflect on and clarify my role in many situations, not just this particular situation” and “Thanks for this opportunity to discuss formally a clinical issue” and “Very empowering process for the supervisee and supervisor. Strategies were developed”. Supervisors and the person being supervised felt Supervision made difference.

Client evaluation
Survey were sent to clients of AH and CHN who had provided services to families for three or more months. The survey, based on the MPOC-20 (8) measured parents' perceptions of the extent to which the health services they and their child(ren) receive is family-centred. Assumptions were made:

- That the Family Partnership approach will provide best practice outcomes.
There is an improvement in practitioner helping skills and behaviour changes are achieved and maintained by training.
Families and FPT staff are working in partnership to affect positive change.
Survey results should reflect the above.

47 Surveys have been received (all were from mothers) and results indicate that partnership behaviours are utilised consistently by staff and the service is family centred. Examples of comments were “the speech therapist from …. Makes my four year old very comfortable and not shy” and “I have found the staff supportive, friendly and professional, particularly …. and …. Thank you.”

CONCLUSION
Supervision in FPT model is a reflective practice, which aims to maintain a healthy workforce working within safe boundaries that are using the family partnerships model. It helps practitioners to self regulate their practice; refine their skills and helper qualities to enable them to continue to work with families in a positive and empowering relationship. The FPT and Supervision framework will assist AH and CHN develop and maintain their skills in practice. It has the capacity to support workers in isolate locations as well as in larger towns of the region.

The model established:
- Core skills and supervision training as a yearly event
- Group refreshers of the model in 4 regional centres
- Individual supervision sessions
- Roles and responsibilities of FPT, facilitators, managers, person being supervised and supervisor
- An evaluation process (9)
Have you had any other correspondence regarding whether you should be paying for a registration or not? Have you had any other correspondence regarding whether you should be paying for a registration or not?

Practitioners have felt more supported by the organisation as FPT is valued and encouraged by management. The primary need for regular refreshers and supervision has been met. Challenges to the program will be the ongoing co-ordination of the program and the individual initiative of staff to prioritise ongoing Supervision in their busy work schedule. Supervisors need to provide confidential quite places for supervision.

FPT supervision provides one aspect of AH family centred professional development. It has the capacity to be sustainable in rural areas due to the use of trained supervisors from a range of AH and CH nursing disciplines working across the region and thereby increasing the individual’s access to supervision. The framework can be applied to other health settings both urban and rural to facilitated family centred practice and reflection.

REFERENCES