

Staff Qualities in Family Centred Care -a research perspective

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APCP Free paper

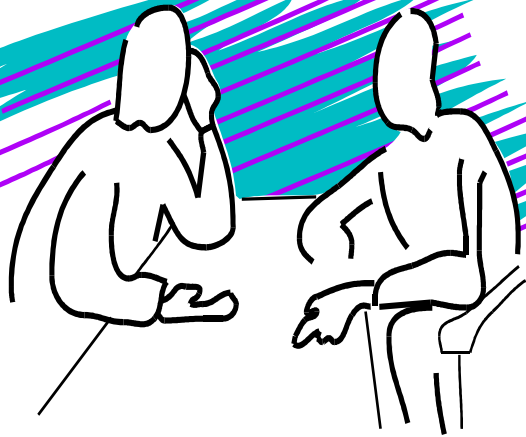
Background

- Children's Disability services
 - Models of service provision
 - Staff development
 - Parental experience
 - Role of therapists in supporting parents
 - External Drivers – Every Child Matters-Aiming High for Disabled Children

Research question

- How 'family centered' do staff and parents perceive their work with disabled children and young people?
- Context 3 NHS Trusts/ Partnership projects in Wales, UK

Definition



- ‘Family centered care’ has been defined as a philosophy of care where families are supported in their decision-making roles in an equal partnership with professionals, ensuring optimal quality of health care (Brewer et al, 1989).

Standards

- Standards for service delivery are advocated to be child and family centered giving clear and accurate information to empower them to make informed choices.
- Therapy standards include enabling the child and family to be active partners in goal setting.
- National Health Service staff are expected to show evidence of working to differing levels on the Knowledge and Skills framework which includes communication skills.

A Measure of the Processes of Care- for Service Providers (MPOC-SP)

- Staff self completion 27 items
 - Likert scale
 - 10-15 minutes to complete

Focus groups/interviews

- Explore the topic in more depth
- Developed questions from the themes in MPOC-SP

Results

- 29 staff- 5 focus groups, 2 interviews
- 10 parents – 8 interviews
- Questionnaire – descriptive statistics
- Focus groups/ interviews -editing approach looking for themes based on the template of the themes in the questionnaire

Results questionnaire

- 'Interpersonal sensitivity and Respect' aspects of care giving, ranking themselves
7 (to a very great extent) and
6 (to a great extent)
- 'Information Giving' scored at
4 (to a moderate extent) and
3 (a small extent).

Results

Scale	Mean (SD)
Respect	5.74 (0.82)
Communicating	4.9655 (1.59)
General Information	4.3448(1.17)
Sensitivity	5.3586 (0.99)

MPOC-SP comments

- *“P2: it made me realize I don’t give kind of the support information to the parents...”
[S7]*
- *“P1: quite pleased with myself actually, I was thinking oh I’m not that bad!but they were quite well rounded questions and some of the things made you think that maybe you’re not doing that as much as you could be doing [S6]”*

Diverse families

- *“D: It’s more with some, as the families that we work with are so diverse that with some you can tick every box and think I’m a fantastic practitioner. But sometimes with the parents and the child where you’ve got the more challenging of the families then it’s perhaps no you’re not doing all those lovely things.....*
- *B And there are things we are aiming to do and on reflection are we actually achieving it... [S4]”*

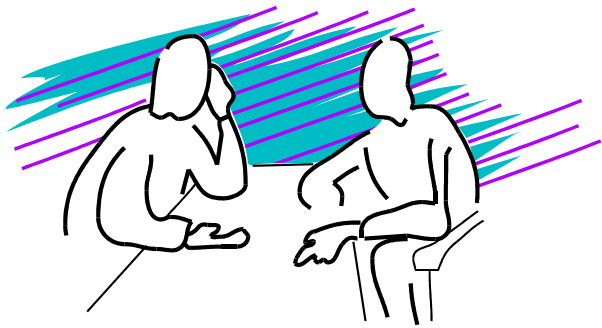
Thematic analysis

- Editing approach
- Case studies
- Professional issues

Themes- **Blue**=staff only, **Red**=parents only, **Black**=both

Themes	Sub themes
MPOC-SP Questionnaire	Staff self evaluation
Interpersonal sensitivity and respect	Staff attributes that are valued, challenges to achieve, unhelpful staff behaviours
Information giving	Modelling, verbal, demonstration, feedback, written, photo, video, goal setting, timing
Staff development	KSF, support, training, service evaluation
Parental style	Expectations, Issues
Quality of life	Wider family, siblings, future planning, respite, financial, coping strategies, social opportunities, ethical dilemmas
Team around the child	Multidisciplinary team working, key worker
Child Protection	Working in partnership





**Staff
Reporting
of
Characteristics
valued**



**Acceptance
Adaptable
Advocate
Empathy
Enabling**

**Empowering
Flexible
Good
listener
Keep
records**

**Non
Judgemental
Open
and honest
Positive
Respect**

Unhelpful staff behaviours

- Overwhelming having so many professional involved -intimidating, not listening to concerns, not following up children, knowing less than the parent, giving written information with medical jargon in, giving conflicting advice, not knowing about the latest equipment, incompetent, poor interpersonal skills, not writing information down, not considering the wider family, long waiting times, lack of suitable play space in hospital waiting areas

Discussion

- There was evidence of joint goal setting in some of the Centres
- Staff felt they could be better at providing information for parents and especially to consider including the siblings of a disabled child.
- Role of 'key worker' requires further exploration
- Some poor practice required follow-up

Discussion

- Parenting styles created challenges in delivery of FCC
 - different learning styles
 - working with parents with learning difficulties
 - parents from professional backgrounds
 - English not the first language

Recommendations

- Staff find a way to evaluate their performance in working with disabled children and their families
- Service evaluations consider staff training needs

Summary

- The value of the MPOC-SP as a measurement tool in the UK needs wider evaluation.
- As a self-reflective tool, it has value for practitioners in the measurement of their own performance as part of a service evaluation.
- Investigation of the influence of focused FCC staff training should be explored to enhance the involvement and empowerment of parents of disabled children.

Publications Pending

- Communication and Medicine
- Journal of Child Health care
- Clinical Audit