Policy Brief

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From consumer to partner: Rethinking the parent/practitioner relationship

Early childhood provides a critical opportunity for early intervention and prevention, but barriers to accessing services prevent children and families – often those with the greatest need – from gaining their benefit.

Professionals can make their services more acceptable and accessible to parents/carers (hereafter called parents) by building partnerships with them that involve collaborative practices and shared decision making. While shifting to such an approach can be challenging for both service providers and families, it can strengthen the engagement and participation of families experiencing vulnerability or disadvantage, enhance children's health and development and reduce inequity.

This Policy Brief focuses on the nature and importance of partnerships between parents and professionals and builds on a previous Policy Brief on how to engage and work with marginalised families.[1] Three types of partnerships are discussed: partnerships in the helping relationship, service co-design partnerships, and partnerships involving parents as co-workers.

Why is this issue important?

Our current system of services and supports for families does not always succeed in engaging and connecting with families, particularly those experiencing vulnerability and/or who are marginalised. Consequently, some families do not receive the support that would enable them to raise their children as they (and we) would wish. As a result, an inverse care law applies: those with greatest needs make least use of services, and receive the poorest quality services.[2]

Key messages

- How practitioners/services view parents has a significant impact on the ability of practitioners to engage parents and to help them to address the challenges they face.

- A shift is required from a 'professional as expert' model of service delivery to a partnership model that acknowledges and incorporates the expertise of professionals and parents.

- A partnership approach is necessary for engagement, particularly with families experiencing vulnerability.

- The onus is upon professionals and services to design and deliver services that will engage and retain families experiencing vulnerabilities more effectively and ensure greater use of services.

This contributes to poorer outcomes for these children and parents, and sustained inequity.

There are four main forms of barriers to families using services: relational or interpersonal barriers, family barriers, service or structural barriers, and contextual or community barriers.[1,3] To achieve better outcomes for marginalised and disengaged families, we need to address the range of barriers that prevent them from using services, and we need to engage with them in ways that help them to more effectively meet the challenges they face.

A key issue is the extent of 'take-up' by those we seek to support – i.e. the extent to which parents are willing and able to make use of the support offered, and the extent to which that leads to actual changes in behaviour.[3-5] Poor take-up and high attrition rates, for example, are

The Royal Children's Hospital Melbourne

common in parenting programs designed for families experiencing vulnerabilities.[4] Professionals sometimes blame parents for failing to engage with these and other services. While it is true that some parents may have personal issues that make it hard for them to trust others (such as professionals), it is also true that they can be discouraged by the attitudes and behaviours of professionals and services. How professionals view parents is important. When families fail to make use of services that are meant to help them, professionals should consider this as an opportunity to rethink how they view and seek to engage families. The onus is upon professionals and services to design and deliver services that will engage and retain families experiencing vulnerabilities more effectively and ensure greater use of services.[5]

Strong supportive relationships with professionals can help parents overcome barriers to participation. One of the barriers to building strong relationships is the power imbalance between parents and professionals. The traditional ways in which the services have been structured and the ways in which professionals view parents put professionals in a powerful position in their relationships with parents.[6] Parents tend to be seen as needing to be taught, with the worker as the 'expert' prescriber of solutions to their problem. Interactions between professionals and parents can occur in service environments that parents perceive to be unfamiliar and unfriendly[7], and where parents feel they have no influence or few opportunities to engage meaningfully with professionals.[8] This power imbalance between parents and professionals matters and needs to be addressed.

Consequently, building partnerships is critical for working with families and communities who are experiencing vulnerabilities or are marginalised.

What does the research tell us?

Service delivery

The way in which support services engage families experiencing vulnerabilities is as important as the actual programs they provide.[1, 9-13] Parents benefit most when they are actively involved in deciding what knowledge is important to them, and how they want to access that information. Changes in actual parenting practices are more likely when professionals use strength-based, help-giving practices, seeking to build parents' capabilities to meet the needs of their children more effectively compared with more directive/prescriptive practices.[13-16] The greater the vulnerability being experienced, the more important it is to establish effective relationships.[2]

Different forms of helping have different outcomes. Whether we do things *to* people, *for* people, *with* people, or *with and through* people makes a significant difference to the outcomes we achieve (see Figure 1). The most productive forms of helping involve working *with* and *through* parents to achieve positive change, both for the families and for their children.[11] This involves sharing power more equally. Paradoxically, by giving up a measure of control or power, professionals gain more influence. Simultaneously, parents also become more empowered and more confident in their ability to be effective contributors in partnerships with professionals.[17-18]

DOING THINGS *TO* PEOPLE Directing and controlling. A covert agenda to change people.	Compliance or resistance. No building of skills or self-reliance.
DOING THINGS *FOR* PEOPLE Charitable work. No expectation of the parent doing anything or reciprocating.	Temporary relief. No building of skills or self-reliance.
DOING THINGS *WITH* PEOPLE Shared power. A partnership between parents and professionals.	Builds parent confidence, skills and self-reliance.
DOING THINGS *WITH* AND *THROUGH* PEOPLE A shared agenda. A partnership to promote skills and participation.	Benefits the child and family. Creates positive environments for all.

Figure 1: Outcomes of different types of helping.

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The quality of the relationships between practitioners and parents is central to achieving the objectives of services.[19-25] Human services are fundamentally relational and therefore dependent upon the quality of the relationships between service provider and client.[11] The capacity of the individual worker, and their attributes, significantly influences the service's ability to engage with families in a non-stigmatising way.[23] The more professionals effectively engage, communicate and form partnerships with parents, the better the child and family outcomes will be.[5] An individual worker's skills and behaviours are important ingredients in relationships between professionals and parents that enable a high level of engagement.[20, 26-28] They help shift the focus within parent support to a service culture that promotes and enables everyone to have an equal voice and the same opportunities to contribute to decisions within services.[29]

Training in the key skills of relational-practice is needed to build effective relationships with others.[30] There are many valuable accounts of the key skills necessary for building effective relationships and therapeutic relationships.[27, 32-35] Effective communication is an essential part of effective human services, and professionals need to learn about and practice communication skills.[31] In Australia, the most relevant and accessible training for human service providers is the Family Partnership Model, developed at the Centre for Parent and Child Support in the UK. [36]

The evidence indicates that three types of partnerships can support the provision of effective services for families – particularly those that are marginalised or experiencing vulnerability:

- partnerships with parents in the helping relationship (family-centred practice and family-centred care)
- partnerships with parents in the co-design and co-production of services
- partnerships with parents as co-workers and co-deliverers of services.

Partnering with parents in the helping relationship (family-centred practice and family-centred care)

Collaborative family-provider partnerships are central to effective early childhood intervention.[37-47] Such partnerships involve replacing expert models of practice with family-centred and strengths-based practice in which being 'parent-led' is an overriding principle.[20,43,48] This requires professionals to respond to family priorities, build on family strengths, and establish partnerships that involve shared decision-making, thereby giving families greater control over their lives.[2,44]

These approaches work from the premise that the family knows themselves and their children better than the professional, and that this complementary body of knowledge and expertise is equally as important and valid as that of the professional. [49,50] Of course, practitioners also

The Royal **Children's** Hospital Melbourne

have relevant knowledge and expertise. However, professional expertise and evidence-based programs on their own are not guaranteed to produce the desirable changes that parents seek.[51,52] Their effectiveness relies upon whether parents see them as relevant and acceptable, and whether they can be implemented by parents in their own family context. Blending parental and professional forms of knowledge and expertise produces synergistic effects; the resulting plans and actions are more effective and powerful than anything that either partner could have produced on their own.[46]

Family-centred practice has long been regarded as best practice for early childhood intervention services.[15,18,26,54] Despite this strong consensus, family-centred practice has been challenging to operationalise[53,60] and implement consistently.[54-64] There are many factors that can contribute to this shortfall, such as parental expectations regarding the role they will play in the relationship with the professional, a lack of appropriate training for professionals, and a lack of managerial support. Although family-centred practice encourages negotiation and collaborative goal setting, parents may not always be ready to take on highly collaborative roles[65] and there is a danger that too much will be expected of them.[66,67] Professionals may find maintaining authentic engagement with parents challenging.[11] Implementation of family-centred practices by individual practitioners is more likely to be effective within a whole-of-organisation framework where the organisational culture supports the use of evidence-based practices.[54,68]

In medical settings, family-centred practice is known as family-centred care. Just as family-centred practice has been endorsed as best practice in early childhood intervention services, family-centred care is endorsed as best practice in medical settings.[69-75] Patient- and family-centred care involves patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – direct care, organisational design and governance, and policy making – to improve health and health care.[76] As in the case of family-centred practice, implementing family-centred care consistently has proved challenging.[73, 76] Many patients and clinicians alike are still operating under an older paternalistic model that can undermine the full implementation of the approach.[73]

Partnering with parents in the co-design and co-production of services

There has been growing recognition of the importance of co-production and co-design approaches to developing and delivering services.[78-85] The rationale is the same as that for partnerships between professionals and parents in the helping relationship: the increased likelihood that services will meet the needs of parents.

> *Co-design involves engaging the people you are wanting to help as equal partners in conceptualising, designing, and developing services.*[77]

Co-design seeks to ensure services match the needs of the parents they serve, by understanding the views and experiences of parents and the challenges they face.[86,87] Rather than consulting parents, co-design seeks to establish equal and reciprocal relationships between parents and professionals.[88] This is especially important for marginalised families and those experiencing disadvantage who have the most to gain from accessing services and are the least likely to engage.[1] Evidence for the positive impact of parent involvement in decision-making is accumulating.[85,89,94]

Partnering with parents as co-workers and co-deliverers of service

Another form of partnership involves employing members of the population we are trying to reach as co-workers and co-delivers of services. Peer workers are people with a lived, personal experience who are trained and employed to support others (their peers), who face similar challenges.[91] Most people tend to feel more at ease among people who are similar to themselves. In communities characterised by disadvantage, many services hope that parents will feel comfortable entering and accessing services delivered by practitioners who are typically different from the parents. If parents' attempts to access services are facilitated by people who are like them (other local community members), services are likely to be viewed by parents as more accessible.[94] This could include parents or community members being trained, employed and supported to conduct co-visits with professionals to family homes, provide outreach services to connect with isolated or non-engaged families, working as community connectors

The Royal **Children's** Hospital Melbourne

in helping parents access service environments, working in welcoming roles within services, or facilitating parenting courses supported by professionals.

While such roles may require services to transform current practices and approaches to service provision, a workforce that truly represents diversity is more likely to be effective in reaching families that are in greatest need of support. Peer workers have been extensively used in the mental health field where they have been shown to provide benefits for those they work with, as well as benefitting the peer workers themselves.[91] The peer worker approach is now being extended to other services such as parenting programs and early childhood intervention services.

One example of co-delivery is the *Empowering Parents Empowering Communities* (EPEC) program.[92-96] This is a community-based program training local parents to run parenting groups through early years and parenting focused services. Parent facilitators trained to work in the EPEC program are employed, supported and supervised by a specially trained practitioner within a local community organisation.

By involving parents in the design, implementation and delivery of the program, it ensures that the intervention addresses the real and current concerns of families and delivers programs in a friendly, accessible manner. Less stigma is also attached to attending a program delivered by members of the local community. EPEC is not just another parenting program facilitated by professionals. It is an intervention facilitated by parents, that requires practitioners and services to embrace a culture of practice that includes parents as co-workers, co-reflectors and co-learners in partnership with professional workers. The program brings practitioners and parents together as partners in a culture of shared practice.

Another example of a peer-led approach is the *Now and Next* program developed by Plumtree Children's Services, a NSW early childhood intervention agency. Designed for parents of young children with developmental disabilities or delays, this program is entirely delivered by parents trained as facilitators, and has proven to be effective in helping parents formulate and achieve goals for their child, their family and themselves.[97-100]

Implications for policy and practice

While professionals alone cannot address inequity and improve children's health and wellbeing, working in partnership is a powerful way of fostering engagement and effecting change. Efforts to prioritise the needs of parents and families, and engage them in informing, designing and delivering the services of which they are a part, can improve participation and support children's immediate and ongoing health and wellbeing.

To achieve this attention must be given to:

- **engaging effectively with families** – particularly those who are socially isolated or not connected with services. We need to adopt a family-centred and partnership approach. This requires building workforce, parental and community capabilities to enable the engagement of parents and families as partners in helping them address the challenges they face.
- **co-design, co-production and co-delivery**. Engaging parents, families and communities in the co-design and co-delivery of services and places enables them to feel comfortable and welcome, and is necessary if we are to strengthen the acceptability and efficacy of services, particularly for those experiencing vulnerability or disadvantage. When designing or reconfiguring services for families and communities experiencing vulnerability, members of the community should be engaged throughout the process as co-designers and co-producers, and consideration given to employing community members as co-workers.
- **family-centred practice and family-centred care** should feature in policies and practices at all levels, from direct service delivery to local and Australian Government.
- **relational practice frameworks** should be developed to support family-centred partnering practices.

The Royal **Children's** Hospital Melbourne

- **organisational culture**. Managers need to mirror the relational and partnering practices in their relationships with staff and cultivate a culture of respect towards clients and fellow practitioners.
- **workforce development**. Professional development should be available to help practitioners build personal skills in engaging, partnering and capability building.

Government can provide an enabling environment for these changes by:

- reviewing and revising policies to ensure that they help rather than hinder services from forming partnerships with parents
- funding services that are predicated on evidence of partnerships with the parents who will benefit from the services
- developing practice guidelines for services that require parent participation in decision-making at all levels of service delivery.

Shifting service relationships from the professional/client dichotomy to one of partners – doing things 'with and through' people – can develop the capacity and agency of parents and professionals to create the environments and experiences that enable children to thrive. This shift has significant implications for services. It requires policy and practice changes that support the transformation of the nature of the helping relationship and the way in which services are designed and delivered.

Authors

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The Royal **Children's** Hospital Melbourne

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The Centre for Community Child Health

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The Centre contributes to improving the health and wellbeing of children by identifying, synthesising and translating the best evidence to inform policy, service delivery, practice and parenting.

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