Early Support
Helping every child succeed

Working in Partnership through Early Support: distance learning text

Working with parents in partnership

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Introduction

> "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."
> Anonymous quote cited by Brother Francis (personal communication).

When thinking about how to help parents, or other people, it is easy to assume implicitly that helping is simply about doing something for them, providing them with the correct solution, the right answer or appropriate advice, in order to remove the problem. This idea permeates most of our services in health, education and social care and underpins what has been called the Expert Model (Cunningham and Davis, 1985). Looking at helping in this way tends to lead to service provision being seen as simply a question of training people to know all there is to know about a specific area and then to regulate access to them by some kind of referral system.

This way of thinking is largely fuelled by the age in which we live; amazing medical and technological developments occur frequently and it becomes easy to believe that there is always or will soon be an answer or solution to every problem. Such thinking is also determined by the desperate hopes of parents, who naturally want to have problems in their children taken away immediately, and by caring professionals who want to respond by making things better or finding cures.

There are, however, problems with these assumptions. Our knowledge of disease and disability is still severely limited and there are few simple solutions to the major physical and psychological problems that afflict children. Even if solutions exist, they do not always work, and access to professionals with appropriate expertise may be restricted, since there are never enough of them. Professionals may not always have acquired the most up-to-date knowledge, as is indicated by current pressures within all professions for continuing professional development. Even if there were unrestricted access to professionals with absolute knowledge, there remain problems in ensuring the transfer of expertise from one person to another. These include: parental reluctance to seek help; distrust of professionals and misconstruction of their roles; professional difficulties in listening to parents, understanding their needs, and communicating effectively; and frequent non-adherence to treatment, where parents for whatever reasons choose not to follow advice.

A final problem is that in the drive for solutions to all problems, there is an increasing number of specialists, each of whom may be so focused upon their particular area of expertise, that they neglect the person with the problem and the psychological, social and spiritual needs that are associated with disease and disability. We must look for answers and solutions, but in doing so, we must not ignore the person with the problem. We should remain *with* them and not desert them in their suffering, as indicated by the quote above.

We hope these comments about our often implicit assumptions indicate the need for us all to be thoughtful about the processes involved in providing help. If we can understand these processes properly, we will be more able to meet the needs of all members of the family involved in the problem. This requires an understanding of how people function as individuals and how they relate to each other, since communication is intimately related to the outcomes of interventions.

Our intention in this chapter therefore, is to provide a theory of helping, known as the Family Partnership Model. It is based upon the notion that the most effective relationship between parent and helper is a partnership, as first discussed by Mittler,

Cunningham and others in the 1970s. It is an explicit and relatively simple framework intended as a guide for all people working with children and their families. Having described the theory, we will look briefly at its implications for service development, training and professional support, the use of the Early Support materials in promoting partnership and the evidence for working in this way. We will begin, however, by setting the context for the development of the Family Partnership Model by discussing the problems facing parents, current service difficulties, and the reasons we need an explicit theory of the helping processes.

Context: service problems and the need to enable parents

Although most families are very resilient and adapt very well, a child with any difficulty (eg physical, educational or psychological) may present concerns to the family beyond the difficulty itself. For the child, the difficulty may be associated with emotional and behavioural problems and may affect their developmental progress. For the other family members, although most adapt with ease and derive a great deal from the situation, their quality of life may suffer, affecting what they can do, how much time they have and what they can afford. Parents may experience significant distress and the increased stresses to which they are exposed may result in personal problems (eg depression), relationship difficulties within the nuclear family and beyond, and social isolation. Siblings may also be affected, some with significant psychosocial problems into their adult years (eg Strohm, 2004).

The nature of the problem is therefore much broader than the specific cause or form of the disability or illness. The well-being of the whole family is involved as well as that of the wider community this is because of the costs of long-term support and losses resulting from people's failure to develop to their full potential. The need to provide broad family support is crucial, as the well-being and development of the child is ultimately dependent upon the parents. If parents are burdened by personal and relationship difficulties, the quality of the child's care will diminish with adverse consequences, since these additional problems have been shown to put children's well-being and development at risk.

It follows that there is an urgent need to ensure the well-being of the family and to enable parents to care for all their children effectively. Yet there are doubts about the extent to which family needs are met by current services. Considerable developments have occurred in theory and research and there are examples of good practice taking a family-centred approach, as indicated in the other chapters of the distance learning text. There have been many policy changes acknowledging the importance of psychosocial support for families and the need to work in partnership. Early Support itself provides clear evidence of these changes. However, in reality there may still be a long way to go, as Bailey (see Beckman foreword, 2000) indicated when he suggested that training for family-related roles has been given little time or attention, that professionals are likely to be more confident in working with children than families and that typical practice fails to match what should be expected.

The predominant focus upon children, or even specific aspects of their functioning (eg their health, motor functioning, speech, or learning) and failure to take a more holistic role with the family is associated with a number of problems, including poor professional interaction and communication with parents and significant parental dissatisfaction with the way they are treated. This in turn results in a failure to relate to and engage with professionals, who may also be seen as potentially threatening in

the context of increasing emphasis upon the detection of child abuse in our society (Barlow et al, 2005). There is, for example, a reluctance to seek professional help, even when parents acknowledge problems in their children (Davis et al, 2000) and are offered help, as indicated by low recruitment into services and high drop-out rates (Gomby, 2000).

This service context has harmful implications in terms of parents not adopting strategies that would potentially benefit their children. However, it can also increase parental vulnerability and powerlessness, disabling them and further impairing communication. Poor communication and resulting dissatisfaction do nothing to ameliorate parental personal stresses or to enable them to manage all the other problems confronting them (eg behavioural problems, marital difficulties) within and outside the family. Such a situation may further contribute to the difficulties by wasting the parents' valuable time and adding the stress of dealing with professionals who do not seem to listen or understand.

Reversing these difficulties has considerable benefit. Since parents are crucial to the care and development of their children, they need to be as well adapted as possible to their situation. They need to be strong and resourceful in all aspects of their lives. There may be many ways of achieving this, but good professional relationships will not worsen the parents' situation or contribute to their difficulties, and may be beneficial in promoting their adaptation, allowing parents to communicate their needs effectively and helping them to feel effective and capable and therefore able to continue to deal with the distressing situations they may face. Being actively involved in the process of devising effective strategies will enhance their sense of control, self-esteem and self-efficacy (ie the belief that they can be effective).

The Expert Model and other implicit assumptions

One can begin to understand these service difficulties as resulting from the implicit assumption of the Expert Model mentioned earlier. Although professionals vary considerably in their interactions, one can often detect assumptions about the expertise of the helper being superior to that of the parents, with relative power accorded to the professional for controlling the interaction and for decision making.

Many parents want professionals to understand the problem and to offer a solution. Realistic or not, they are naturally looking for experts to solve their problems for them. Similarly, many professionals with extensive training and experience in relation to particular problems see their expertise as superior. They tend to assume they understand people's problems and can solve them, defining their role in relation to problem solving within a specific area and deriving satisfaction from the speed and efficiency with which they are able to do this.

The relationship that tends to occur, therefore, is characterised in terms of the superiority of the helper or professional, who controls what happens, leading the interaction in terms of their own agenda, without eliciting or pursuing the aims of the parents. This includes deciding and eliciting what information is required, formulating an explanation or diagnosis, dispensing advice, and, where possible, carrying out the intervention (eg medical procedure, specialist therapy or teaching). Although interactions may be conducted with varying degrees of care, warmth or respect, the implication is almost always that the professional leads and that parents will comply for the good of their child.
In reality, however, the Expert Model has shortcomings. Although it may feel supportive in relieving parents of the burden of understanding and finding solutions, it

does not take account of the importance of the parents' role and the broader outcomes of enabling people to cope with complex situations involved in disability. Most problems require careful exploration to be understood sufficiently well to formulate solutions, and this is impossible without the knowledge, expertise and full cooperation of the parents. Understanding can only occur on the basis of their information, and they are only likely to pursue aims and goals with which they agree.

There may not be obvious and immediate solutions; this is especially true with psychological and social issues for which few helpers have been trained. It is usually the parents and not the helpers that have to implement problem management strategies, again indicating the importance of their agreement, cooperation, time, energy and expertise. It is not easy to change the way parents behave towards others, including their children, and compliance with advice cannot be taken for granted.

Implicitly defining the relationship solely in terms of professional expertise neglects equally important aspects of the situation. As such, the Expert Model makes no predictions about the importance and nature of the psychosocial processes involved in helping and the considerable demands upon the communication skills of the professional. It does nothing to specify the circumstances for effective parent-helper communication or the importance of the parents' contribution to it, nor ensures that the parents' agenda is addressed. Failing to acknowledge the parents' power and expertise in itself reduces their control of the process, decreases the understanding of problems and possible effectiveness of intervention; it does not enable them to understand the processes of helping and may disempower them, even encouraging dependency.

Need for an explicit model

Since service difficulties may arise from implicit assumptions about helping, an explicit understanding of the processes involved would improve this situation. Interventions for children tend to be based upon explanations of children's behaviour and development and techniques for enabling change (eg behaviour modification), specifying, for example, how parents should behave towards their children and what kind of relationship should be established (eg a secure attachment). However, these theories usually fail to acknowledge the importance and functioning of the professional-parent relationship and how this impinges on the parent's implementation of the advice given. This is usually implicit, assumed and, therefore, left to chance.

We need a model that elaborates all the processes involved in helping, not just those related to the functioning of specific treatments (eg drug effects or parenting methods). It should specify how to approach parents to ensure maximum engagement, what kind of relationship might be most effective, and the helper skills needed for this. Without this, we cannot know what to do nor conduct appropriate research into what is effective. Our current obsession with evidence-based outcomes achieves little without equal attention to the processes; outcome research enables us to know how effective interventions are, but not why (ie the mechanisms of change) or what are the active ingredients.

Having an explicit model of the helping processes would guide practice at an individual level, would guide the design of our systems of care, and would guide our research to enable greater understanding and improvement in services.

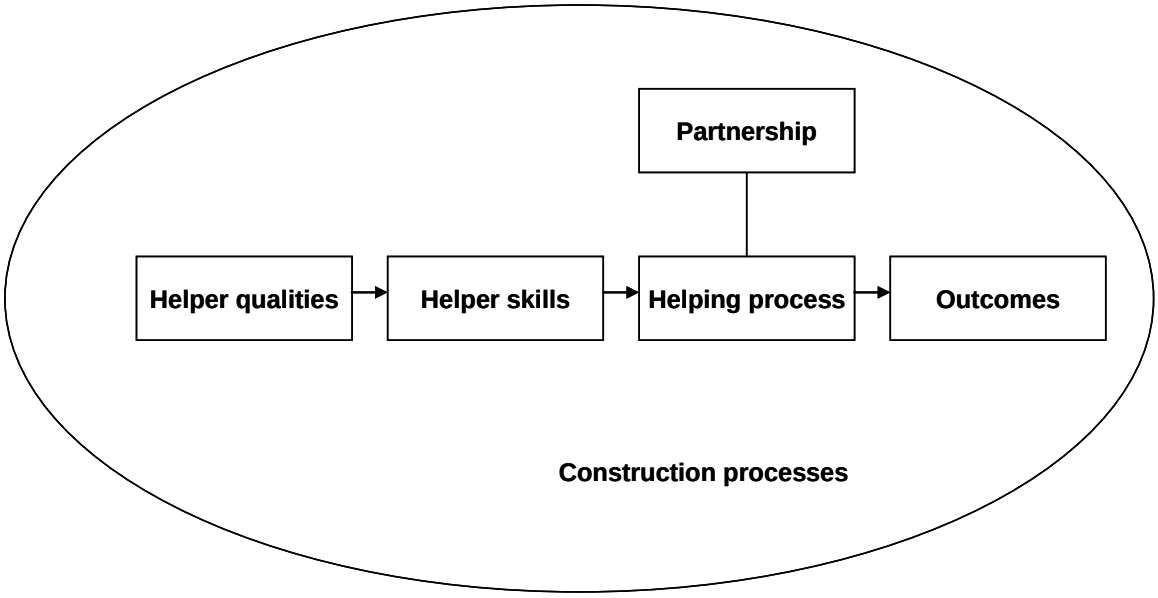
Providing services is expensive and resources are scarce. It could be argued therefore that an adequate model of helping would allow everyone to do their own job more effectively, but also extend their expertise to have more holistic effects, in relation to psychological care, for example. However, if every interaction of every professional were thus guided, one could begin to think of systems that were promotional and not just reactive to current need.

Description of the Family Partnership Model (FPM)

To meet this need, the Family Partnership Model (formerly called the Parent Adviser Model) has been developed and applied to a number of different problem areas (eg disability, child mental health, and promotional work), where it has been evaluated by research and developed accordingly. This research is discussed later in the chapter.

The most detailed version of the model is described by Davis, Day and Bidmead (2002a). Although in general a model must have validity (eg supported by evidence), it must also be useful, which in this context means being accessible to personnel across all agencies, and therefore, explicit, meaningful, simple and memorable. To achieve relative simplicity, we have come to express the Model as a diagram shown below.

The Family Partnership Model



Each aspect of the helping process is represented by a box with arrows indicating how the different aspects relate to each other. These boxes are all contained within an ellipse, to indicate that all aspects are understandable in terms of how people function psychologically. Each box, including the ellipse, contains a small number of specific points that make sense of each of the aspects of the Model.

The diagram is intended to indicate what a practitioner should know in order to be as helpful to parents as possible. It is suggested, therefore, that service personnel should:

- ⇨ Be clear and explicit about what they are trying to achieve (see Outcomes box).
- ⇨ Know that the outcomes are the result of an interactive process that can be understood as a number of tasks to be completed in a specific order (see Helping process box).
- ⇨ Understand that the process begins with the parent and helper establishing an effective relationship and that the nature of this relationship has to be made explicit and defined (see Partnership box).
- ⇨ Understand that the process is dependent upon the helper's communication skills (see Helper skills box).
- ⇨ Be aware that these skills are at least partly determined by general characteristics of the helper (see Helper qualities box).
- ⇨ And have an idea that all the aspects of helping included in each of the boxes can be understood in terms of how the helper and parent both function psychologically (see Construction processes ellipse).

Outcomes

We will begin by elaborating the outcomes, because practitioners cannot help effectively unless they are explicit about what they are attempting to achieve. As indicated in the outcomes of helping box below, we have specified eight general outcomes within the Family Partnership approach, whatever the specific problems presented to the practitioner by parents. These are not necessarily exhaustive, nor are we suggesting that they are always achievable. Our point is only that practitioners should determine what they perceive to be the outcomes they would like to achieve and to keep them clearly in mind while working with families. The outcomes we have specified in the Model are all broad, holistic benefits, which are family- and community-centred, with a future and promotional perspective, giving a value base to all attempts to address the specific problems negotiated with families.

The outcomes of helping

- To do no harm.
- To help parents identify, clarify and manage problems.
- To enable parents (including their ability to anticipate problems).
- To enable them to enable the development and well-being of their children.
- To facilitate families' social support and community development generally.
- To enable necessary service support from all agencies.
- To compensate for their difficulties where necessary.
- To change our service systems to become more helpful.

Specifically, the Model suggests:

- ⇨ The need to be aware of and avoid doing harm, both physical and psychological, in all situations.
- ⇨ The intention to help people solve their own problems; working with them to identify what is problematic or might be in future, to understand what is happening and to manage problems by finding solutions or better ways to cope with them.
- ⇨ Giving significant attention to the general outcome of enabling or empowering parents, in terms of their psychological and social

adaptation, their beliefs in themselves (eg their self-efficacy, sense of control, authority), their interdependence, their understanding generally of their situation, but also of the processes of problem solving and their abilities to put these into effect.

- ⇨ Enabling children, directly or through their parents, in terms of their general well-being and development.
- ⇨ Having concern for the social context of the family and their community, so that effective support is built into their everyday life in a real and more permanent fashion.
- ⇨ Helping the family to find support from appropriate services where necessary.
- ⇨ When families cannot manage themselves, because of their own disabilities for example, finding alternatives in good time that might compensate effectively for their difficulties (eg by providing alternative care for children).
- ⇨ Always looking for ways to improve the help we offer and the service systems in which we operate, putting responsibility for service design as a concern for us all and not just for government, commissioners and managers.

The helping process

These outcomes can only be achieved by an interactive process between the parent and helper and this can be understood as a set of ordered tasks, each dependent upon the preceding steps (see box below).

The process of helping: Tasks

- Establishing and building a relationship.
- Helping the person explore their current situation.
- Helping them formulate a clearer understanding of situation.
- Establishing agreed aims and goals.
- Planning strategies.
- Supporting parents while the plans are implemented.
- Evaluating or reviewing the results.
- Ending.

Relationship building:
The first task is to establish a working relationship between the parents and the helper, and this is possibly the most important of all the tasks, as the nature and quality of this relationship will affect everything that happens subsequently. This involves them getting to know each other and agreeing whether and how they are going to work together. This will depend largely upon the extent to which the parent feels able to trust the helper and thinks that she/he has something to offer. We will analyse the nature of this relationship in the next section, but if the helper is unable to engage parents for whatever reasons in an effective relationship, there will be severe limits to what can be achieved at any subsequent stage in the process. For example, a very anxious mother worked with a male psychologist for several weeks without there being any discernable change in her son's sleeping problems, which she had identified in the first week as her main problem. Nothing changed at all, until the mother clearly began to trust the psychologist enough to tell him about difficulties

in her relationship with her partner, difficulties that turned out to play a large part in the child's problems.

Exploration:
As implied above, the second task involves the parents and helper working together to explore any difficulties identified by the parents. The focus of the exploration may be very specific (eg a feeding problem) or more broadly based (eg the parents' adaptation to a diagnosis of Down Syndrome), depending upon the nature of the problem, but it occurs within the context of the parents as individual and unique people with all the complexity involved in their physical, economic, personal, social, family and spiritual lives. The word exploration is deliberately chosen to include the notion of formal and informal assessment by the professional where necessary, but is also used to emphasise the equally important role the helper plays in enabling parents to think carefully and in-depth about their problems in order to make sense of the difficulties they are facing. For example, within a formal assessment of her baby's developmental functioning, a mother began to talk about her own difficulties in accepting the diagnosis of cerebral palsy in her child and the effects this was having (eg becoming depressed and alienating her from family and friends). Although not the reason for the meeting, it was material to the mother's ability to manage and care for her child and needed to be addressed at some point.

Understanding:
The third task is to derive a clear understanding of the issues, difficulties or problems parents are facing, and this is achieved through the task of exploring. Ideally this involves the parents and helper developing a clear picture of the nature of the problem (eg who is involved, how they are affected by it, how it arose, what caused it). Although the helper may directly provide this understanding, if careful attention is given to the tasks of building the relationship and exploring the situation, it is remarkable how often parents derive their own clarity, simply by thinking in-depth about the problem with the helper. For example, a couple who had been struggling with the self-harming behaviour of their son, who frequently punched himself in the face, suddenly realised that the behaviour was not simply an attention seeking device as they had thought, but was something to be understood as a communication, that might have a number of meanings depending upon the circumstances at the time. By careful observation they began to realise that it signalled distress at being left without warning, for example, and being in pain and this understanding enabled them to manage the situation more effectively.

Achieving a clearer understanding may be all that is needed for many families and continuing interaction with the helper may be unnecessary. For example, understanding that their child was behaving badly because she was distressed rather than intentionally difficult, transformed a situation for one family. Realising that they had not caused the disability was a major release for another. One mother, who had asked for help with a breast feeding problem, suddenly realised that her real concern was that her baby might have been severely damaged at birth.

Goal setting:
Although developing a clearer understanding may resolve the situation, continuing help may be needed in enabling parents to manage the problem, in terms of both coping effectively with it or resolving the issue. This initially involves the task of helping the parents to determine what they would like to achieve. To be effective in managing problems, it is crucial to agree the aims, goals or objectives of the work together through discussion. Without making these explicit, it is difficult to proceed to the next task of deciding strategies. To illustrate this, a woman, who came to realise that her daughter's defiant behaviour was the result of relationship difficulties

between her and her husband, decided after considerable thought that the most appropriate aim for her was to separate from her husband, having previously tried to improve the relationship. Goals are more specific than aims, which tend to indicate general directions, but would be something like, “To reduce by at least 10 per cent the number of times the child described earlier punched himself in the face within the next seven days.”

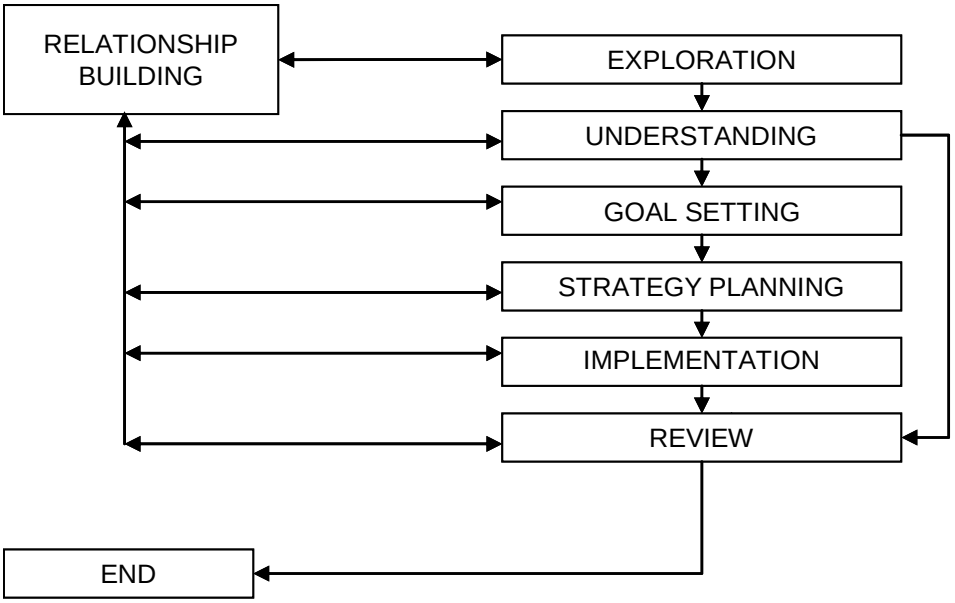
Strategy planning:
With clear aims and goals agreed explicitly in the previous stage, the parents and helper can then work together on the next task of carefully formulating a plan or a set of strategies in order to achieve them. This essentially means generating together as many options as possible and then selecting from these what are likely to be the most effective. For example, in thinking about how to reduce the number of times their son woke and cried in the night, the parents generated a large list of options. These included them taking turns in dealing with him each night, doing relaxing things before bedtime, having a routine, ignoring the crying, simply checking him without interacting, spending less time watching TV during the day, doing more exercise, leaving a light on, redecorating his bedroom, using rewards, and many others.

Implementation:
The next task is to implement the chosen strategies with the helper providing appropriate encouragement and support. So, in the above example, having decided to take turns in introducing a routine at bedtime, including a soothing bath, to use a night light, and to use rewards, the couple carefully explored the details of each of these with the health visitor, so as to be very clear what was to happen and to try to foresee all potential difficulties. The parents then put them into operation with the health visitor providing support by arranging times each day when they could call her if they had problems and making an appointment to visit again a week later.

Review:
The final task is to review or evaluate the outcomes in terms of the extent to which the goals have been achieved, to consider the process, and to decide upon further actions, of which one option is to end the process, hopefully as a result of the success of the enterprise. In dealing with the child’s night-time waking and crying, the strategies were entirely successful in reducing the crying periods dramatically and it was decided that the helper should end her visiting. However, she did explore with the parents what they thought had produced the change, and they both agreed that it was as much to do with their own reduced anxiety, assertiveness and self-confidence as the specific strategies! Although they were grateful to the health visitor, the parents acknowledged themselves as the crucial element in achieving their goals.

We have listed the tasks as separate stages to signal the need for each of them to occur and also to indicate the collaborative nature of them, with parents and helper both contributing throughout. However, we have used a flow diagram (see below) to indicate the interaction between the tasks and to acknowledge that the process is not necessarily linear, as implied above. For example, although relationship building occurs at the beginning, it takes time to develop throughout the process, hence the arrows to it from all the other tasks. Since a clear understanding may be all that is needed in a particular case, the problem management tasks may be omitted. One might oscillate between tasks at any time, so that, for example, goals might be adjusted as strategies are planned, and the evaluation of outcomes, whether positive or negative, will frequently result in a return to any of the previous stages.

Interconnections between the tasks



Partnership

Having described relationship building as possibly the most important task within the helping process, a model must explicitly define the exact nature of the relationship that a helper should seek to establish. To be useful, the theory needs to anticipate what kind of relationship is likely to be most productive in facilitating the tasks of helping and in achieving the outcomes defined above.

Although there are many possible relationship types to which one might strive (eg friendship, advocacy), the ideal relationship is a partnership. However, even though the notion of partnership is used throughout current service policy, its meaning is rarely defined. The Shorter Oxford Dictionary (2002) provides a range of meanings from “a person who takes part with another in doing something” to “an accomplice”, but these are much too vague to guide our work in what is possibly the most important element of helping. From careful observation of helping relationships, we should like to suggest that the essential ingredients of such a relationship are as listed in the box below, and we will briefly elaborate each of these.

Characteristics of an effective partnership

- Working closely together with active participation and involvement.
- Sharing power with parents leading.
- Complementary expertise.
- Agreeing aims and process.
- Negotiation.
- Mutual trust and respect.
- Openness and honesty.
- Clear communication.

Participation:
An effective helping relationship requires the active involvement of both the parent and helper, with them working together, as opposed to the helper working on (eg treating) the parent.

Sharing power:
The notion of power is complex in any relationship, but we assume that partnership involves a notion of equality at least in relation to decision making. Participants should share the power to decide all aspects of the process of helping, although over time we would anticipate the parents becoming the senior partner.

Expertise:
Clearly helpers must have expertise and should provide appropriate advice and treatment as necessary. This model of partnership is distinguished from the Expert Model, not by denying the expertise of the helper, but by acknowledging the expertise (knowledge and skills) of the parents. Help is impossible without the parents' expertise; if they do not provide their knowledge, including what they regard as the problem, there is nothing any professional can do with all their expertise and training. The relationship is, therefore, defined in relation to the expertise of both participants, where the outcomes will be most effective if the knowledge and skills of those involved do not overlap completely, but rather complement those of the other.

Agreement:
A partnership cannot exist without a notion of at least tacit agreement. We therefore assume that to be most effective, helping relationships require the participants to come to clear agreement about all aspects of their interaction, including their aims and objectives, as well as the means by which these are to be achieved.

Negotiation:
It is unrealistic to expect people to agree on all issues, and therefore a relationship must be founded upon respectful negotiation, if it is to be defined as a partnership.

Trust and respect:
For any of these characteristics to be present and for a partnership to exist, the relationship must be based upon mutual trust and respect. People will not work in partnership when they are not respected or feel unsafe.

Open communication:
Again, to enable all these characteristics to develop, a relationship requires open and sensitive communication. Such a relationship could not exist without there being clear and honest discussion of all relevant issues.

Defined in this way, partnership is not a relationship that can be assumed to develop quickly and naturally; it requires time, effort and skill. It also follows that an effective partnership may not be possible in all cases or at all times; it depends upon what the participants bring to the situation, and some may not want or be able to work with others in this way.

The nearer one comes to developing an effective partnership, the more the subsequent tasks in the helping process will be facilitated and the outcomes achieved. Parents are likely to be more motivated and open, more likely to achieve a useful understanding of their situation, and therefore more likely to manage their problems. The more control parents are accorded within the relationship, the more their self-efficacy may be enhanced and hence their confidence and independence facilitated. By the helper explicitly sharing the process, the parents' ability to

understand and manage future difficulties should be enabled and their trust in professionals increased. It is also possible that an effective relationship of this sort may improve their ability to relate more successfully to other people generally.

Helper skills

Having defined the outcomes to be achieved, the process of helping and the nature of the parent-helper relationship, the Family Partnership Model goes on to elaborate the skills that are needed by the helper to establish a partnership and to enable the process as a whole. It is assumed that the success of helping is based to a large extent upon the helper's communication skills that enable her/him to relate to the parent, to understand the problems and to help the parent change effectively. Some of the major skills suggested within the Model are listed in the box below. These items should be considered as a set of related skills that are either relevant and applicable throughout (eg attention and active listening) or limited to particular tasks or stages (eg problem solving).

In thinking about the skills required, we have been influenced considerably by the general counselling literature (eg Egan 1990). Although it is necessary to understand the importance of these skills, it is more important to be able to use them naturally and this requires appropriate training practice.

Helper skills

- Attention/active listening.
- Prompting and exploration.
- Empathic responding.
- Summarising.
- Enabling change
- Negotiating.
- Problem solving.

Attending and active listening:
This set of skills is arguably the foundation for all the others. Effective listening is powerful in attracting people to the helper, engaging them in the helping processes, facilitating the development of the relationship, and enabling them to explore their problems and to change positively. Without being able to completely focus on the person with the problem and to hear what he/she says, there would be no success in the process. These skills involve concentrating deeply upon the person seeking help, excluding all other distractions, and listening very carefully. This means far more than hearing the spoken word. It involves trying to understand what the person is saying by putting the meaning of his/her words together with the array of non-verbal information available moment by moment, the thoughts and feelings that are evoked in the person listening, and even the things that are not being said. At the same time, the helper should be actively indicating to the person verbally and non-verbally that he/she understands.

Prompting and exploration skills:
Listening and giving real attention are powerful skills in themselves in prompting people to talk and to explore. However, there are a number of additional skills, including different ways of asking questions, reflecting back what the person has just said, following the person's lead in terms of direction and allowing silence. For example, in response to a mother's description of her child, the helper prompted further exploration by saying, "You said Paula is provoking you. It sounds worth exploring that further. Why do you think she is doing that?" This picks up and responds to an important point the parent had just made, gives an explanation of what the helper thought and then proffers an open question which should help the mother think about it further.

Empathic responding:
This is another way of prompting the person to talk more, because it is a powerful way of indicating one's understanding while also checking what the person means/feels. At its simplest level, a statement like, "It seems you felt you let your child down," can provoke instantaneous relief at being understood and not judged, a flurry of further exploration and clarification of the point made, and freedom to show real feeling.

Summarising:
Summarising what the person has said is also powerful. For example, the following summing up of what a woman had been talking about for several minutes was very helpful for her in picking out the main issues involved: "So the situation is fraught at home. You are both struggling to understand why your son keeps behaving like he does, yet you and your husband can't reach an agreement about it and are actually arguing over how to respond." Such statements can have similar effects to empathic responding in demonstrating and checking the listener's understanding. However, these kinds of statements can also clarify the complexity with which parents are struggling, so that they can explore it more easily, as well as presenting a view of the parents' situation that they may not have considered previously.

Enabling change:
An obvious aim of helping is to enable parents to change the ways they have been looking at problematic situations, and summarising is one of the possible ways of doing this. However, there are a complex set of skills involved in helping people to think differently when they may be stuck or have ideas that may not be useful to them (eg thinking negatively about themselves or misconstruing the actions of another). Such skills involve: listening carefully to what people say; presenting their current views in a positive and non-threatening light, for example, in a way that clearly acknowledges they are valued; asking permission to challenge their ideas; and presenting an alternative view respectfully and in tentative ways that invite the person to consider it as a possibility. For example, "You've said that Paula is provoking you, but I wonder whether there may be a different way of looking at her behaviour. Would you mind me suggesting an alternative explanation?" *Pause for agreement.* "I know it provoked you, but I wondered whether it was because she was distressed……?"

Negotiation skills:
Negotiation refers to the process of joint decision making or reaching agreement, whether or not there is conflict. This should occur throughout the helping process and is a mainstay of partnership as defined earlier and involves a complex of skills, facilitated by a respectful relationship. These include: allowing and encouraging parents to present their views first; listening carefully to them; indicating an understanding of and respect for their ideas by, for example, reflecting back or

summarising them; presenting and explaining an alternative view as necessary; comparing and evaluating the different ideas together; and reaching a decision with them. Although there is no quick way to illustrate the skills of negotiation, since it involves a complex sequence of interactions over time, a teacher began such an interaction with the following comment: “It looks like we are looking at this very differently, would you mind telling me how you see the situation, so that we can decide how to proceed.”

Problem solving:
The skills involved in helping people to solve problems are again varied and complex and include many of the specific skills already described. Listening and prompting parents to explore provides a basis for these processes. Summarising and challenging with respect may also be involved, as well as negotiating decisions about priorities, aims, goals and strategies. There are, however, also skills involved in encouraging parents to think creatively about possibilities, to use their imaginations, to suspend logical thought and to generate as many options as possible, and then to explore and evaluate these options.

Helper qualities

In order to facilitate the development of a partnership and the subsequent helping processes, it is assumed within the Family Partnership Model that there are seven important qualities required of the helper. These are assumed to underlie and determine how the helper interacts with parents and may determine the extent to which they acquire and develop their communication skills (see box below). Our ideas about these qualities or characteristics are very much influenced by the seminal work of Carl Rogers (eg 1959). They are distinguished from skills not in terms of whether they can be acquired and developed, but by them being internal to the individual and not observable unless they are indicated by the behaviour of the helper (ie by communication skills) and perceived by the parents, if they are to have effect. There may be many such qualities involved in being an effective helper, but we have tried to limit them to a small number, each of which might be assumed to represent a complex of attitudes or beliefs about oneself and the world.

Helper qualities

- Respect.
- Empathy.
- Genuineness.
- Humility.
- Quiet enthusiasm.
- Personal integrity.
- Technical knowledge.

Respect:
This is one of the characteristics that Rogers thought were fundamental to helping. He argued that simply by the helper demonstrating respect for the client, then the client could begin to change. Rogers’ notion of respect can be understood as valuing the person, or having what he called unconditional positive regard. It has been

understood as warmth in the sense of being interested in other people, caring deeply for them or being compassionate. However, the fundamental aspect of this quality is a belief in the ability of the client to be able to cope with their situation, and to be able to adapt, change and develop. With this belief, the helper is not required to take over from the person or make up for their shortcomings, but to work alongside them.

Empathy:
If helpers are to be effective, Rogers proposed that they must begin by trying to see the problems from the parents' viewpoints with as little distortion as possible and to help parents express their views as clearly as possible. Although it is not easy to have anything like a complete understanding of another person, simply indicating to people that you are really trying to understand, is the basis for relating to them, enabling them to communicate clearly, to begin to evaluate the usefulness of their views and to change them if necessary.

Genuineness:
This is Rogers' third quality that can be related to being honest, non-defensive and unpretentious, and as such has important implications for how the helper is perceived or trusted by parents. However, a deeper meaning relates to the helper being open to experience, accurate in viewing situations and, therefore, unlikely to distort their experiences because of being defensive. This characteristic has obvious implications for empathy, but is also related to the next quality.

Humility:
This refers to helpers' views of themselves and suggests the need for them to be humble, which is used here to mean that they should be realistic or accurate about themselves with an acceptance of both their own difficulties as well as strengths. It is implicit in genuineness, but is emphasised here because this quality allows a role in the helping process for the person being helped. The helper's acceptance of not having all the answers increases the probability of involving parents actively in the process of understanding situations and finding solutions, soliciting their strengths, resources and expertise at every point.

Quiet enthusiasm:
This is included as a quality to recognise that helpers are likely to be much more effective if their efforts to engage with others and listen to potentially distressing circumstances is fuelled by interest, care or even passion. This will motivate the helper to continue to learn and improve his/her skills, but should also ensure positiveness and warmth in interacting with parents as a fundamental ingredient for building the relationship on which the helping processes are founded.

Personal integrity:
This is related to Rogers' notion of genuineness, but is made explicit here, because of its importance. It refers to the psychological or emotional strength of the helper, and is assumed to be an essential quality, as the person must be able to face the distress of others and stand firm for and with them. Helpers who are themselves vulnerable are unlikely to be able to project an image of security for people in distress. However, another reason for including this quality is that helpers must be able to join and empathise with parents, yet retain an independence that enables them to think differently, to evaluate alternative views and to offer these to parents, when appropriate.

Technical knowledge:
It is worth mentioning the obvious, that an important characteristic is the technical expertise of the helper. This involves the technical knowledge and skills of the

helper, but should also include an understanding of the helping processes as described here. This would equally apply to parents in a helping role, where their knowledge of children, disability, and services, for example, must be supplemented with an understanding of helping and partnership.

As Rogers suggested, it is not the presence of such helper qualities that enable the process, but the recognition of them by the client. If helpers have these qualities and are able to demonstrate them in all they do, then a relationship of trust will occur, with the helper being seen as attractive and believable, as strong enough to walk with the parents on their journey, to validate them, not take over from them, yet able to question the paths they might choose to take.

Construction processes

The aspects of helping we have so far described might be useful as a guide without further addition. However, it is important to see the whole process within the context of an understanding of how people function psychologically. The ellipse encompassing the other boxes in our earlier diagram (see Figure 1) is intended to indicate that a simple understanding of how people function will help make sense of the rest of the Model. We have found the work of George Kelly (1991) to be extremely useful for this. He assumed that all people by their very nature are always engaged in building a personal theory or model in their heads in order to make sense of their world. He suggested that people are like scientists, and he used words like construing and construction to refer to the process of building a model on the basis of their experience in order to be able to anticipate events and hence to be able to adapt effectively.

The experience of every individual is unique and it is assumed that each person constructs a unique model, which differs from that of other people, even though some aspects might be shared. The model is not a simple reflection of reality, but is our interpretation of it, and since we all construe differently, we react differently. Although our constructions serve to guide us, they are not necessarily conscious and we may not be able to verbalise them. They can be understood as implicit hypotheses that we are constantly testing and therefore potentially changing as a result of our experiences. The main assumptions we are making about how people function are listed in the box below.

Construing

- All people construct a model of the world in their heads.
- This enables people to anticipate and adapt to whatever happens to them.
- The model is derived from their past experience.
- Each person has a unique set of constructions that may overlap with others.
- Constructions are not necessarily conscious or able to be verbalised.
- Constructions are constantly being tested, potentially clarified and changed.
- Social interaction is determined by our constructions of each other.

We have adopted this approach, because:

- It is highly respectful of people
- It applies to both helper and parent
- It assumes competence in both and not deficits in parents.

Helping is seen as a process in which the helper attempts to enable the parent to explore and be clear about their constructions and to change them in ways that will be more useful for them in dealing with the difficulties they face. For example, when a child is diagnosed with a serious condition, parents have to make sense of this, anticipate the new needs of the child and adjust their care. In effect they have to reconstrue their child or change their theory, perhaps from one in which the child is seen as perfect, beautiful, intelligent, or healthy to a view of him/her as vulnerable, damaged, compromised or imperfect.

All workers need to be aware that they are involved in enabling this reconstruction process in parents. However, the effects of a diagnosis can be broader and more profound than this, in that it may lead parents to question themselves and all other aspects of their lives. Their previous constructions about themselves (eg as loving their children, able to protect them or take away their difficulties) are potentially invalidated and have to change. They may even have to deal with constructions which indicate that they caused the problem, or did not see it early enough, or did not prevent it. Such views may or may not be accurate, but they are likely to have negative effects (eg depression) and need to be explored and potentially changed.

There may also be effects on the ways they construe other aspects of their lives, including their relationships with partners, other children, extended family and friends (eg they may neglect them to attend to the child) or may even come to question their spiritual believes (eg whether God exists given this could happen to their child). With all the potential changes that can be occurring for parents, helping cannot be seen as a simple exercise in problem solving, but becomes a way of enabling parents to evaluate and change their constructions where necessary, so as to minimise stress and maximise the meaningfulness of their lives.

The notion of construing is equally useful in elaborating the other aspects of the Family Partnership Model. For example, the interaction between helper and parent is determined by the ways in which they construe each other; for example, trust is a construction in which one person construes the other as 'being there for them', 'not intent upon doing harm', or 'understanding'. The parent-helper relationship is, therefore, essentially determined by the constructions that they have of each other. The notion of partnership is actually a particular set of constructions, where the two people come to a mutual understanding about their role together and the rules and agreements they have about how they should work together. Emphasis is given to helper qualities in the model, and these can be understood as important helper constructions. For example, respect can be seen as a construction where the helper views parents as 'capable and effective', as opposed to 'dependent upon my expertise'. Empathy can also be understood as a process in which one person attempts to construct an understanding of the constructions of the other and this is fundamental to the interpersonal processes involved in helping.

Implications of the Family Partnership Model for practice

If the Family Partnership Model is accepted as useful in making sense of helping, then it has a number of important implications.

Personal implications:
All people helping families might benefit by thinking carefully about the Model to determine the implications for changes in their own personal practice, or their own

situation in the case of parents. Although the Model is not necessarily the truth or a final version, in attempting to make explicit the ingredients of effective practice, it should serve as a vehicle for reflection and possible change in terms of clarity of ideas, for example.

System implications:
The system of care for families and specific interventions need to be designed to take account of the processes described. For example, one might legitimately question the assumption that one can conduct effective interventions in interviews lasting 6 to 10 minutes without causing potential harm. Again, given the importance of the helper-parent relationship, all interventions need to allow sufficient time for it to develop. It is especially important to take into account the fact that some families, particularly the most vulnerable, will be difficult to engage. They will need more time, effort, understanding and skill to enable them to develop trust in the helper and to collaborate.

Recruitment:
Given the role of the qualities and skills presented in the Model, the implication is that all helpers should be selected carefully and specifically for these characteristics, and not just for their qualifications and technical expertise. The fact that this has not occurred widely and systematically throughout our services suggests that there may be many people who do not meet the requirements of the task they have to undertake in our current services.

Training:
Following careful recruitment, a further implication of the Model is the need for training. It can be argued that all people working with children and their families require training to enable them to have a clear and explicit understanding of the processes involved in relating to their clients, to develop the personal qualities required and to acquire and hone their communication skills. This is further discussed in the next section.

Supervision:
Given the importance of the processes we have been discussing, the difficulties of maintaining effective relationships, and the stresses inherent in helping others, all staff require effective support. In essence, this means ongoing and regular contact with someone who has been adequately trained and is competent in providing facilitative management and supervision. This involves providing a forum in which individuals can consider their performance in relation to their service role, and their own needs personally and professionally in order to be maximally effective. We will not elaborate this further here, even though it is an important aspect of service effectiveness. However, we have come to understand and conduct supervision using almost exactly the same model as the Family Partnership Model we have been describing. That is to say, we can think about supervision in terms of the same boxes presented above, including many of the same outcomes, the same process, the notion of partnership and in terms of the qualities and skills of the supervisor, and the processes of construing.

Other implications:
Finally, we have found the Family Partnership Model to be of value in making sense of both parenting and interagency collaboration. The Model itself does not specify what parents should do with their children, if parenting is the area of concern, because it addresses the processes of communicating with them. There may be many ways of determining how parents deal with behaviour problems, including the use of behaviour modification techniques. However, we have found that the Model

can also be used as a theory of parenting with the processes, qualities and skills being applicable as much to the parent-child situation as the helper-parent situation. These ideas have been elaborated elsewhere (see Davis, Day and Bidmead, 2002a). It is also the case that the Model may guide people in thinking about how to improve interagency collaboration, since the ideas of partnership and associated qualities and skills apply just as much to this as to helping.

Training and supervision

As indicated above, training is vital for all workers, and we have developed a training programme for all people working with parents and their children, in order to help them to understand the processes involved in helping and to develop the necessary skills and qualities (see Davis, Day and Bidmead, 2002b). The course is interactive throughout and facilitators are trained to not only cover the appropriate content, but to do so in ways that demonstrate the processes and skills in everything they do.

Given the importance of management and supervision for effective service provision, we have also developed a course for this purpose. This emphasises the need to not only select people carefully for this role, but also to train them appropriately to understand the processes involved and develop the necessary skills.

Family Partnership Model and Early Support materials

In this section we are going to look at the general implications of the Family Partnership Model for the use of the Early Support materials. Such materials have been required for a long time and encompass a wealth of practical data, as well as frameworks for sharing information. However, helping is complex and solutions are not just waiting to be matched to a particular family. Indeed, families' concerns frequently change over time. This suggests that there cannot be a standard way of using the materials and that it will depend upon the relationship established between the helper and parent, the needs of the family, and the skills of the helper in facilitating the process and in being able to share the materials in appropriate ways and at appropriate times.

One could argue that the materials should be shared immediately, because otherwise the helper is acting as an expert and controlling access to information. However, the Model indicates that the first step of effective support is to build a relationship in the form of a partnership. This takes time and is done by explicit negotiation within the context of a careful exploration of the parent's needs and views. We would argue, therefore, that it is only when the helper has a real sense of the parent's views of their situation, that one can judge when and how to introduce the concept of the materials and the materials themselves. The timing of this discussion is then intimately linked to the unfolding of the helping process and would occur at different times for each family.

Once decided, the Overview page of the materials and the relevant *Information for parents booklets* might be one way of introducing the contents. By doing this, parents could decide for themselves in discussion with the helper what they would like to see at that moment. This might vary from nothing, to a specific topic, to everything. Clearly the *Information for parents booklets* on their child's particular difficulties might be a high priority, but again it cannot be assumed, if one is trying to work in partnership. **Giving** information at a time that suits the helper rather than **sharing** it at a time decided by the parent could conceivably do more harm than good.

Parents can also decide which parts of the Early Support background information file are likely to support their current position. As they gain a sense of clarity about their situation, they may then feel that the first parts of the Early Support family file might be supportive. However, the notion of partnership would suggest that the Early Support materials are there, if parents wish to use them, to support the complexities of the process of intervention; they are not **the intervention.**

According to the Family Partnership Model, intervention is the whole process of helping, as described earlier. It is a complex interaction between parent and helper, building upon their relationship and deciding direction (ie aims and goals) and strategies together on the basis of a shared understanding of the difficulties. In this light, the family service plan in the Early Support family file presents a common framework to support family-centred joint planning across services. It is a way to ensure that everyone involved knows what the family wants to happen next; who will be responsible for what and an opportunity for joint or shared goals to be developed. It is an effective way of tracking the helping process by acting as a paper record or summary of the helping process to date and the basis upon which decisions about the next steps can be made. However, what places the family at the centre of the process is the detailed interaction between the parent and helper, their in-depth discussion, exploration and negotiations, which take place over time and precede the paperwork.

Evidence for the partnership approach

We believe that the Family Partnership Model has value because it makes explicit the helping processes, is relatively simple, and takes a respectful and holistic stance towards people. However, we must still address the validity of the model and question the evidence for it. We will, therefore, briefly summarise the evidence here, but will include as many references as possible so that readers can pursue the methods and details of the results for themselves if they wish.

Validity for the Model derives firstly from work on how parents want to be treated. A number of studies agree that parents want to be treated with respect, to have professionals listen to them properly and to be involved in a collaborative relationship where the people helping them do not take over (eg see Attride-Stirling et al, 2001; Davis, E. et al, 1997; Family Policy Alliance, 2005). Such views are common across health care generally (eg Little et al, 2001; Coulter, 2005).

Secondly, there is considerable evidence from a number of sources that many parents do not get the type of professional interaction they require, in that professional communication may be rather poor at times and the cause of much dissatisfaction throughout health care (eg Attride-Stirling et al, 2001; Mitcheson and Cowley, 2003). This again supports the need for the Family Partnership Model and its associated training. There are also many studies that indicate that if professional communication improves, there are multiple benefits, including increased service user satisfaction (eg Cunningham et al, 1984; Davis and Fallowfield, 1991). However, in relation to research specific to the Family Partnership Model, Davis and Rushton (1991) found that parents rated professional support as significantly improved without increased dependence upon the worker as a result of intervention based upon the Model. High levels of maternal satisfaction have been shown towards workers trained in the Model (Davis and Spurr, 1998), but there is also evidence to show that maternal satisfaction levels increased as a result of the training (Davis et al, 2005).

Thirdly, there have been a number of small studies looking at the effectiveness of the Family Partnership training (Rushton and Davis, 1992; Davis et al, 1997; Papadopoulou et al, 2005; Lea, Clarke and Davis, 1998; McArdle and McDermott, 1994). These have examined whether course participants benefit from their training in the ways predicted, and the results are very positive. Participants consistently rate the courses as useful, interesting, and beneficial. Participants' knowledge of the helping processes improves as a result of the training, as well as their self-efficacy; they come to see themselves as more able to work in partnership with parents and to be more effective in helping them. There is evidence that they are more able to show the qualities of helping such as respect and their communication skills improve significantly. However, further evidence for the value of the approach comes from the fact that the training has and is being used to train large numbers of people from all the disciplines and agencies working with children and their families in the UK and abroad (eg Australia, Finland, Greece, New Zealand).

Fourthly, there is considerable evidence that improved communication has a number of effects on outcomes within health care generally. In a review of the research in this area Davis and Fallowfield (1991) found consistent and significant improvements in diagnostic accuracy, treatment adherence, physical health and psychological adaptation. However, research specifically evaluating the Family Partnership Model has shown positive outcomes. Davis and Rushton (1991) found benefits for families of children with severe and multiple disabilities; these included significant improvements in: family social support; maternal self-esteem and emotional adaptation; parental relationships; children's behaviour problems; and children's development. Small but significant developmental benefits were found for two-year-old children born with very low birth weight (Avon Premature Infant Project, 1998), although the benefits were not maintained at four to five years once the service stopped. Davis and Spurr (1998) found improvements in families of pre-school children with emotional and behavioural problems in a relatively short time; these included decreased stress and emotional problems in the parent, improved parent-child relationships, a more child-centred home environment and significant improvements in the children's emotional functioning.

In an evaluation of a promotional project conducted in five European countries (Davis et al, 2005; Puura et al, 2005), there was evidence that the intervention that began with the parents before birth was associated with overall benefits for families. Although specific effects were not found in all the countries, there was evidence at two years of age of positive effects on: mother-child interaction; maternal depression, self-esteem and parenting stress; and the development and behaviour of the children.

In terms of exploring the processes of help through research, there is evidence to support our hypothesis that the qualities of the helper and parent-helper relationship are crucial to the other stages of the helping model and therefore the outcomes. Evidence for this comes from psychotherapeutic research; for example, Patterson (1984) reviewed the literature on therapist variables and concluded that empathy, respect and genuineness are likely to determine somewhere between 25 to 40 per cent of the outcome. In another review, Horvath and Symonds (1991) reported that the client-therapist relationship would have a similar level of effect on the outcome. The failure to form an adequate relationship with parents may account for the consistent finding that large numbers of families do not engage with prevention services and many others drop out prematurely (Gomby et al 1999). Hoagwood (2005) found evidence of the parent-helper alliance being a significant predictor of service engagement, drop out, satisfaction and the uptake of advised parenting skills, which were themselves predictive of child outcomes.

Given that there is general support for the importance of the relationship in determining outcomes, there is evidence that the Family Partnership approach improves the relationship as predicted. For example, health visitors trained in the Model were more sensitive to the needs of families, identifying more than twice the number of families as having problems or risk factors for the development of psychosocial problems in their children than untrained nurses, and they were much more accurate (Papadopoulou et al, 2005). The fact that the risk factors (eg marital difficulties and personal emotional problems) could only be identified through conversation and were unlikely to be mentioned unless the mothers felt safe with the health visitors, indicates that the training had improved the nurses' communication skills and their relationships with the families.

Further evidence that the Model results in improved relationships with parents derives from the findings on service satisfaction discussed above – this is because the measure used to determine satisfaction included a number of items about the mother's relationship with the professional working with them. However, clear evidence of effects upon the parent-helper relationships comes from a qualitative study in which very vulnerable women were interviewed after an intervention, which involved health visitors trained in the Family Partnership Model, in order to prevent abuse and neglect (Kirkpatrick et al, 2005). Although many of these women had initial reservations about the professionals, their first impressions on meeting them were very positive and became more so as the service continued. They described how the relationship deepened and how they came to feel that the helper was there for them and cared about them. As a result, they described feeling more confident, more in control and better mothers, but they also became more positive in their attitudes towards other professionals.

Conclusions

In the context of overcoming service difficulties in meeting family needs appropriately, we have argued that there is an urgent requirement for an explicit, systematic and adequate model of the processes involved in helping. This is necessary, at least partly to overcome the implicit and sometimes inappropriate assumptions (eg the Expert Model) that are often made about families and the form of intervention required. We are aware that the nature of the relationship between parents and those helping them is crucial to the facilitation of the process of helping and, therefore, to the outcomes for families. Given that this is the case, then it is important to define the nature of the relationship explicitly and to understand it in relation to all other ingredients of the helping process. We have, therefore, described a model of helping, in which the most effective parent-helper relationship is presented as a partnership, defined by mutual participation, shared power, involving the expertise of both partners, agreement about aims and process, negotiation, mutual respect and trust, and open and honest communication. The Family Partnership Model provides a relatively simple and accessible guide that has implications for individual practice, service design and development, recruitment, training, effective supervision and even parenting.

Evidence is presented in support of the Model. These studies have been crucial to its development, although there is much to be done in researching the processes suggested by the Model and therefore in further developing it and effective practice. The findings suggest that the training based on the Model is effective in improving service personnel appropriately, in terms of their knowledge, skills, self-efficacy and ability to communicate with and relate to families. There is evidence that the qualities of the helper and the nature of the relationship have an important influence on

outcomes, and studies indicate that the use of the Family Partnership approach has significant benefits for families.

Whatever the evidence for the Family Partnership Model, as individuals we want to live in a world that treats all people with dignity and acknowledges the centrality of relationships in our lives. We have been somewhat seduced by our technological world into looking for cures and thinking of the content of what we do, the techniques and methods, as opposed to the process and style. However, support is derived as much from relationships as from information and techniques, and therefore the personal qualities of the people that work with us are vital, and this point is vividly made by the quote at the beginning of this chapter.

Whether or not there are answers or solutions to our suffering, the power of relationships, human or spiritual, should not be forgotten.

Further information on the various aspects of this chapter can be obtained from the Centre for Parent and Child Support website (www.cpcs.org.uk).

Activities

What follows are five activities that relate to the topics raised in this chapter. These activities support your learning in this area and you should consider using these activities to support your reflective diary entries.

Activity 1: What does it mean to parents to have a child with disabilities?
It would be valuable to talk to one or more parents about what it has meant to them to have a child with a disability. If you are a parent yourself then discuss this with another parent. We would suggest you approach one parent initially, explain carefully what you require of them and make sure that they are happy to talk to you. You need to explain that you are doing a personal learning exercise and that you would like the parent to think about what it has meant to her/him and her/his family to have a child with the disability they have. With their permission, you might either record what is said on audio or videotape, or you will need to take notes, so that you can think about the points made at a later date. Be careful to answer any questions the parents might have about what you are requesting, and then begin by asking an open question that gets them to talk generally about how the disability has affected them, whether positively or negatively. Avoid asking closed or leading questions.

Activity 2: What is a parent's need for help?
In the same way as you did for activitiy one, you might explore what parents see as their need for help. Again we would suggest that you talk to parents individually, explain the task and why you are doing it and ask their permission. Without leading them in any specific direction, ask the parents whether they need help as a result of the disability, what that help might be and how this might be facilitated or addressed by professionals. Please be aware in all these exercises that parents may not have a great deal of time and that it should be possible to explore these ideas relatively quickly, within perhaps 20 to 30 minutes.

Activity 3: Professionals and parents

To explore the relationship between professionals and parents further, we suggest that you might talk to parents about how they are treated by professionals. As a helper, it would be best to approach parents who are not in a helping relationship with you and to ask them to talk to you for a few minutes. As a parent, you could ask any parent you know to help you with this activity. Again, explain that you are doing a personal learning exercise, inform them that you are attempting to explore the nature of parent-professional relationships, and ask them for their agreement. Arrange to meet at their convenience and then begin by asking a general question about how they are currently treated by professionals and how they would like to be treated or what they would like to change. Respond to what the parents say in order for them to elaborate the points they are making. You might also like to explore to what extent the parents feel they determine the frequency, venue, date, time, duration, content and format of contacts with professionals.

Activity 4: Effective partnership

To explore ideas about effective partnership further, it may be helpful to think of a particular parent you are working with as a helper, or a particular professional who is working with you as a parent, and to analyse the relationship you have with her/him. You might do this very simply by taking all the characteristics of partnership as defined in this chapter (eg participation/involvement, power sharing) in turn and deciding whether they apply to the relationship you have selected or not. This should enable you to judge whether the relationship is a partnership or not, and to know how many of the characteristics apply and which they are. It might be interesting to take this a little further and to write down what evidence you can see for each of the characteristics and what evidence against. Having decided to what extent the relationship can be considered a real partnership, you might also like to think what would have to happen for the relationship to improve and/or become more like a partnership (ie what could you do to change the situation).

Activity 5: Skills of helping people

Since it is so important to understand the skills of helping people to change how they think about situations, one way to explore this is to look out for occasions when one person is trying to change another's viewpoint and to analyse what happens. We suggest that you watch the people around you wherever you are (at home, with friends or at work) for a few days to see if you can spot yourself or anyone else trying to change another person's views. It will be interesting to see how often this happens. However, when it does, watch carefully and try to write down what exactly the person said and did (eg told them they were wrong), how they did it (eg aggressively or tentatively), how the other person responded (eg with hostility, anxiety), how effective it was in producing change, and why you think it worked or not.

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