What is Family Centred Care? An introductory workshop about Children and Young People’s Nursing Practice Development using Action Research Methods.

5 minutes describing: The Aim and overview of this Workshop:

That you as the participants, gain a clearer view of what family centredness is in your particular individual workplace, and how critical creativity and reflection, can enable you to contribute to developing your practice and that of your team using practice development methodologies.

Overview of workshops structure:

- Part 1: A brief presentation on family centredness and practice development, with consideration and definition of action research as a methodology to achieve practice development in children and young people’s nursing, towards the ideal of best practice in family centredness.
- Part 2: Participatory element of the workshop: Based on your own preferences as to how much or how little you join in, completely up to you, but what you put in determines what you get out of it. Not a test, the learning is for you, and what you wish to share of your learning is up to you.
- I will give you a reflective question to read and consider on your own at this point. You can represent your reflections on the question sheet, or if you are of a creative frame of mind, you can use the materials here to give a more creative representation in words, poems, pictures patterns, whatever you feel like, again you wont be asked to explain your representation of your reflections.
- I will then give you a second question to reflect on, this time in small groups, it is related to the first, but perhaps your group can come up with a sort of brainstorming reflection in dialogue with your group members, which we will then be asked to share with the whole group. I will write down the results of the brainstorming, and use them to summarise the reflective learning we have achieved during the workshop, then we can reflect on how we will action the learning in our workplaces, that we have gained during the workshop today.
- A short feedback session on the workshop experience will then be offered, followed by a summary of the information we have discussed and the artwork we have created. You may surprise yourself!
Part 1: Family centredness, practice development and action research methods – what are the connections? (5 minutes)

**Introduction and Background:** Family Centred Care is a popular phrase widely used to encompass a set of ideas about service delivery to children and their families. Despite this, many children and young people’s nurses may remain uncertain about exactly what Family Centred Care means, especially in the context of individual nurses and teams everyday practice.

The term Family-Centred Care is defined as;

“..an approach to the planning, delivery and evaluation of health care that is governed by mutually beneficial partnerships between health care professionals, patients and families.” (Institute of Family-Centred Care 2004)

Nursing care for children and young people is therefore embedded in three main concepts of Family Centred Care which the many conceptual models in existence on Family Centred Care all share (Franck et al 2004). These are;

- Child and family empowerment is the primary embodiment of respectful interactions with children and families.
- The essential nature of the family to the child’s well being is demonstrated by evidence of support for the family in providing for the child’s holistic needs.
- Child and Family-Centred multidisciplinary services and true sharing of decision making represent the partnership between the continuing care team and the family and child.

The key to effective family-centred care and positive developmental outcomes for all children is to address the entire family’s well-being and not only outcomes designed to benefit the child with continuing care needs. (Xu 2008; McConkey et al 2006; Cassidy et al 2006). Research has shown that family-centred interventions that build on a family’s strengths and resources, with emotional, material and informational supports, are more likely to increase positive outcomes for both the child or young person and their family, and parental satisfaction with services (Sloper et al 2004; Xu 2008; Trivette et al 2000; Bailey et al 2006; Pakenham et al 2005; Antonovsky 1987).
In addition, nursing practice development in children and young people’s services in community settings has historically been slow to progress in the UK, despite NHS policy and legislative changes since the 1960’s. In recent years, research and practice in the area of Children and Young People’s Continuing Care (DHSSPSNI 2006; DHSSPSNI 2009; DoH 2010) has set a strategic direction for service development to this growing client group and their families. Concurrently, the body of knowledge on the implementation into practice of evidence from research in family-centredness, has expanded significantly, in line with research and developments in implementation science, such as the use of action research methods in nursing practice development and research.

Practice development in health and social care is defined as;

“a systematic approach which aims to help practitioners and healthcare teams to look critically at their practice and identify how it can be improved. It’s purpose is to develop effective workplace cultures that have embedded within them person centred processes, systems and ways of working. Skilled facilitators help frontline staff to get underneath the surface of daily routine, to critically reflect on the values and beliefs they hold about patient care. Teams are challenged to consider if the behaviours, systems and processes used in practice are consistent with person centred values.”

(University of Ulster Royal College of Nursing and the Health and Social Care Board Northern Ireland 2009 p.).

Action research in nursing is commonly used as a practice development research strategy, which is systematic in the organisation of it’s processes, future orientated and grounded in the individual practice context, because it is about striving to improve practice, and participatory and values driven because it is rooted in the values of those involved (Titchen 2011).

Action research has been described broadly as research in the clinical setting that involves the clinical area to bring about changes through an action research cycle, through a process of look, think and act. (Koch et al 2008; Dampier et al 2009). For example, through person centred facilitation practices (McCance et al 2011), group discussions with participants in the form of workshops and group reflections, the process of action research explores;
- team members values, beliefs and experiences of the issue under investigation, in my case, (family centredness in different cyp clinical settings in my employing trust),
- discuss key elements of the study,
- explore research methods,
- share ownership of data collection and analysis with participants as co-researchers, and
- enhance the sustainable implementation and dissemination of the findings (Lee 2009).

“Changing practices is not just a matter of changing ideas of individual practitioners alone, but also discovering, analysing, and transforming the social, cultural, discursive and material conditions under which their practice occurs.” (Kemmis 2006 p474).

For change to occur in practice, there is a need for clarity of understanding, from all involved, that firstly a change should happen and why, and also what would that change look like, as well as who can action the process needed to make the change. (MacCormack et al 2006). The important element of participatory methodologies in practitioner research, such as action research, is that at the outset, the intent is to take action to change practice towards improvement, and these methodologies reject the naïve assumption that having an understanding of a situation leads to action to change it (MacCormack 2009). Action research is based on theories of critical social science, which have;

“an explicit intent towards emancipation” (MacCormack 2009 p39)

Critical theory is therefore said to aim to explain and better understand social contexts, in our case our nursing practice environments, but also to;

“free people from social and contextual circumstances which may limit effectiveness” (MacCormack 2009 p39),

By taking action that has come about from critical reflection of our own values beliefs and practices as children and young people’s nurses, and the resultant increased awareness and understanding of our contexts and practices, ensures a desire by
individuals or groups to change our practices for the better by taking action ourselves, rather than action resulting from power or coercion (MacCormack 2009). This is practice development using action research methods.

Principles of family centredness: define from Vals stuff and Franck 2004, how much do you feel you and your workplace embody these principles, no right or wrong answers, just your reflections, firstly on your own personal practice. Then a group reflection on your thinking, which we will then attempt to brainstorm on.

**Part 2: Instructions and question sheets.** Time to complete. Will begin, by a quick relaxation to get us in the moment, refresh us from all the info we have been gathering, and get our brains focusing on the questions. Completely voluntary, if don’t want to participate, close your eyes anyway and have a snooze! No one will know! 5 minutes.

**Guidance for reflection**

Principles of family centredness: define from Vals stuff and Franck 2004, how much do you feel you and your workplace embody these principles, no right or wrong answers, just your reflections, firstly on your own personal practice. Then a group reflection on your thinking, which we will then attempt to brainstorm on.

Give out first question sheet. 10 minutes to read and complete, with artwork if desired! Please feel free to walk around the room, go outside the room as you think, just be back by...

Give out second question sheet. Divide into groups of three to four people, preferably with someone you don’t know or have just met at the conference! Separate so can have discussions without overhearing or disturbing other groups. Time of ten minutes to have a dialogue on the question, with a further 5 minutes of group contribution to some creative representation if desired. 15 minutes total. I’ll give you alert when two minutes remaining to enable you to finish.

Each group to appoint a spokesperson to describe your discussions. I will record on a flip chart. Any further additions to the chart, that haven’t already been mentioned? Ten minutes for dialogue groups reporting.

**Summarising the main points raised under**

a) family centredness

b) pd and actioning change.

Questions to take away with you:
What do you think you could do now, to raise awareness of your workplace family centred practices, when the conference is over? What action do you think that you could take in your own practice, to raise awareness of the principles of family centredness in your workplace? Ten minutes.

Thank you for your participation, and enjoy the rest of the conference.

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