


Translating family-centred principles into optimal service delivery

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Background

- Family-centred service (FCS) delivery is the model applied by service providers in the disability sector
- Operationalising FCS is not always easy or achievable
- This project involved Rocky Bay and Therapy Focus and was conducted in three phases over a two-year period
- Funded by the Disability Services Commission

Methods

1. **Phase 1** – review of the literature and implementation of Measures of Processes of Care survey (King, Rosenbaum & King, 1998) with service providers (n=24) and their clients (n=658). Following this phone interview with consenting parents to gather more in-depth information was completed
2. **Phase 2** – using phase 1 findings an educational program 'Moving forward together: Understanding and improving family-centred service' was developed
3. **Phase 3** – The program was implemented and evaluated with service providers from Rocky Bay and Therapy Focus (n=45)

Findings – Phase 1: Service Providers

MPOC-SP Factor	Mean (n=24)
Showing interpersonal sensitivity	5.05*
Provision of general information	4.00
Communicating specific information	5.40
Treating people respectfully	5.97

*Where 1=not at all, 4=to a moderate extent and 7=to a very great extent

Findings – Phase 1: MPOC Families

MPOC-20 Factor	Mean (n=149)
Enabling and partnership	4.37*
Providing general information	3.81
Providing specific information about the child	4.65
Coordinated and comprehensive care for the child	4.59
Respectful and supportive care	4.87

*Where 1=not at all, 4=to a moderate extent and 7=to a very great extent

Findings – Phase 1: Phone Interviews

- 84/149 parents consented
- 51/84 contactable during two-month period
- Demographics
 - 19% single parents
 - Average age child receiving services 10.1 (6-16 yrs)
 - English as primary language 98%
 - Able to speak a 2nd language 14%

Findings - Phase 1: Phone Interviews

- 74% some level of satisfaction
- 14% some level of dissatisfaction
- 12% neutral

Findings – Phase 1

- SPs exhibited appropriate FCS delivery behaviours
- The construct 'Providing General Information' ranked lowest, for SPs and may reflect barriers such as making and maintaining regular contact with families, limitations on time and resources, availability of, and timing the delivery of suitable information, coupled with comprehension and language difficulties experienced by clients and/or their families.
- Low response rate for families (23%) may have been due to poor timing for implementation of the survey and time availability
- Overall MPOC results for SPs and families were consistent with other similar studies

Findings – Phase 1: Phone Interviews

- **Organisation-related** - reduce staff turnover, replace staff more quickly, reduce delays in ordering/receiving equipment
- **Service delivery** – provide more access and/or increase amount of therapy (9), ensure continuity, provide more flexibility, ensure follow through on tasks, provide service on a needs basis, maintain face-to-face contact, direct therapy to what can be done at home

Findings – Phase 1: Phone Interviews

- **Communication** – make more regular contact (4), improve b/w staff (3), invite parent to participate (2), more liaison with country services, inform parents of community services, keep parents up-to-date, provide understanding of therapy entitlement, make recommendations to school about individual child's needs
- **Most important attribute of 'excellent' therapist relates to interpersonal communication ability, followed by their manner and then teaching/education skills**

Findings – Phase 1: Phone Interviews

- **Provision of general information**
 - Written preferred eg newsletter
 - For peers, teachers, friends
 - About service available within organisation and community

Phase 2 - The Educational Program

- Development of a 1-day workshop
- Workshop divided into three parts:
 - Family-Centred Service delivery perspectives
 - Meeting expectations and developing relationships
 - Enhancing communication with staff and clients/families

Phase 3 - Program Evaluation

- This addressed:
 - **Level 1:** Participant feedback post-workshop (reaction)
 - **Level 2:** Perceived knowledge & competence (pre & post learning)
 - **Level 3:** Observation and discussion with clinical managers (behaviour change)

[Kirkpatrick, 1959]

Evaluation Findings

	Pre-workshop Mean	Post-workshop Mean
Knowledge	3.72	4.65*
Competence	3.18	3.93*
Importance	3.73	4.78*
Confidence	3.03	3.88*

*p<0.05, scores ranged from 0=low to 5=high

Evaluation Findings

- **The program was deemed to be very useful and highly relevant by all participants**
- **Main benefits to participants**
 - Building confidence and competence of service providers
 - Reinforcing existing skills and knowledge
 - Raising awareness of importance of communication skills to successful interactions
- **Main strengths of program**
 - Presenter
 - Relevance
 - Evidence-based

Key Recommendations

- Review staff recruitment and retention practices to identify further strategies to acquire, retain and train staff regarding FCS delivery.
- Ensure service providers maintain regular contact with clients and their families, even those who require limited input.
- Review and revise resources for families and others on a regular basis (e.g., every 1-2 years) to ensure they are kept up-to-date.

Key Recommendations

- Invite parents to participate in therapy sessions and seek to keep them informed
- Provision of general information
 - Timing, people, format
 - Maintain up-to-date resources
 - for areas beyond their knowledge or scope develop a network for appropriate referral
- Given the impact of this 1-day educational program it would be worthwhile to expose all levels of staff, both administrative and clinical to the program.

Impact of the Program

- Therapy Focus have introduced the training for all new staff and will also implement an advanced communication skills program for existing staff in 2009
- Rocky Bay plan to adopt a modified version of the program with new staff
- Other WA organisations (eg TCCP, PMH-Physiotherapy Dept, DSC) have expressed interest in the program as part of professional development training for their staff

For further information...

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