



Department
of Health

Delivery of the Family Partnership

A case study explaining the changing way we work with families through delivery of the Family Partnership.

This publication was withdrawn in February 2026

It has been superseded by the [Delivery of the healthy child programme](#) guidance.

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A case study explaining the changing way we work with families through delivery of the Family Partnership.

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Purpose of document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

**Community
Universal
Universal Plus and
Universal Partnership Plus.**

Case Study Overview

Delivering the Healthy Child Programme (HCP) and the key elements of Universal, Universal Plus and Universal Partnership Plus is a challenge for health-visiting staff, particularly when service and organisational change are concurrent. Critical to the success of the delivery of the HCP is the ability of staff to engage with families and to establish effective working relationships that result in measurable outcomes.

In order to refresh and motivate the health visiting service within Somerset, training for the Family Partnership Foundation, Supervision and Facilitation courses (*Working in Partnership with Parents* by H. Davis and C. Day) was purchased from the Centre for Parent and Child Support, South London and Maudsley NHS Trust in 2010. The model, although originating from parents' concerns about professionals not listening to them and not recognising them as people with skills of their own, has since developed to support all parents who may be experiencing difficulties with their children, through the use of a structured 'helping process'. The 'helping process' constitutes the following phases:

- relationship building
- exploration
- shared understanding
- objective setting
- planning
- implementation
- review
- closure.

A number of studies demonstrate the importance of the relationship between the health visitor and parent in determining positive outcomes for both parent and child. Home visiting by public health nurses in America shows positive benefits where the relationship is encouraging, open and honest. It is clear that mothers place significant importance on the development of that relationship and the characteristics required (trust and a feeling of 'connectedness' between the client and practitioner) are all crucial in obtaining favourable positive outcomes.

In order to support families living in Somerset and equip the health-visiting staff with the communication skills and qualities required to manage this, the Family Partnership model appeared to be an appropriate intervention/approach to working. The framework would also provide a new underpinning philosophy that could be used effectively with all families within the HCP.

Within health visiting, listening is the starting point of effective communication, acting as the vehicle that encourages parents to open up, explore and consider their current position, to think about possible options or alternative behaviours that are more helpful and result in beneficial outcomes. A practitioner needs to be focused and highly skilled to move with a parent through the 'helping process'.

In order to support practitioners to effect such change, to renew enthusiasm for the profession and motivate staff, the Family Partnership was seen as necessary training for staff within the health visiting service. The programme is evidence-based in helping parents sustain change as well as enabling practitioners to communicate effectively and provide holistic-family centred support.

Each course (Foundation, Supervision and Facilitation) involves five days and a maximum of 12 participants. While practitioners have a positive view of the opportunity to undertake such a course, it does present a challenge for service delivery. However, the course was seen as a priority in giving staff the opportunity to reflect on their work and to develop skills that would support the full implementation of the HCP.

Achievements

- A total of 67 members of staff (Bands 4i 7) have completed the Family Partnership Foundation course. Further courses are planned with 24 staff expected to attend.
- Five staff (Bands 6i 7) have completed the Family Partnership Facilitation training, which enables training to be delivered 'on house' and have already undertaken the delivery of four Foundation courses.
- Thirteen staff have completed the Family Partnership Supervision course and are currently involved in supervising staff on a one-to-one basis.
- A Family Partnership working group and action plan have been established to ensure that the model is embedded in practice and sustained across Somerset.

The implementation of Family Partnership in Somerset has been a significant opportunity for staff to reflect, develop and to learn new skills. This has been invaluable in terms of increasing self-awareness. The learning and development of new (and old) skills has enabled staff to assimilate and interpret the learning into practice in order to become more focused, efficient and effective in working with families.

Benefits for families need to be evaluated and reviewed. Anecdotal evidence from staff reveals that working with this model brings a clearer focus to their visits, identifying objectives and plans that families can follow, ultimately resulting in changes in behaviour and positive outcomes.

Relationships are enhanced as staff are able to empathise, listen and summarise while moving parents through the structured helping process. Although this has not been formally evaluated, a small-scale qualitative study has been undertaken which demonstrates the benefits of using this model.

Feedback from parents demonstrates that they feel listened to, supported and able to change their behaviour. One parent reported that she felt listened to for the first time and as a result of her problems being heard her child had been referred to several services. She also stated that she had been provided with significant emotional support.

Benefits

- Health-visiting staff report in evaluations that their practice has changed as a result of these courses. Although this does not measure reported benefits in families, this does demonstrate that staff are working more effectively in terms of setting objectives and exploring strategies with parents.
- Observations of staff within home visits have demonstrated an increased confidence in working with families with a more structured and focused approach.
- Using the model in practice also has perceived benefits for families living in Somerset, although this is an area that requires more thorough exploration. Observations demonstrate that where staff are comfortable in using the model and able to apply this in practice, families open up in more detail, feel more listened to and perceive that their strengths and own skills are recognised. Relationships appear to be stronger and mutual respect evident, even when working with families where traditionally engagement has been minimal.
- The use of a structured framework has given staff the confidence to work more effectively. Staff are more able to recognise families' unhelpful constructs and have the skills to challenge them in a more tentative but acceptable manner. Staff are reporting that the use of the framework is effective when supporting problem solving and confidence has increased considerably in setting SMART (Specific, Measurable, Achievable, Realistic and Timely) targets.

Challenges

- A small number of health visitors have voiced concerns about the need to take five days out of practice and have found this challenging in terms of prioritising their time. However, as the course has become embedded and the terminology more familiar, staff are starting to value the time to think through and learn new skills. Completing the Supervision course has also further embedded the helping process.
- The senior management team have been supportive in encouraging staff to take time out and to use the time effectively. At the start of each course, the facilitators have also allowed staff time to voice concerns and have listened respectfully to their fears. The delivery of the course very much models how staff need to work with parents – respectfully, empathically, giving time to share concerns and explore possible solutions.

Learning, sharing and sustainability

- As the number of staff undertaking the courses has increased, there has been more discussion about the programme both in practice and within supervision. The practice teachers have all undertaken both the Foundation course and the Supervision course. This has led to the framework becoming embedded and used when making referrals for families. Examples may include discussions at meetings to reflect on working with Partnership Plus families, exploring how to support changes where families may be ‘stuck’ and how outcomes in health and social wellbeing can be improved.
- The Family Partnership has also enabled staff to become more self-aware and recognise their own learning needs. Through facilitating three courses, one of the trainers has observed staff changing their own assumptions within health visiting and becoming more questioning and analytical.

Health-visiting staff have been able to receive feedback on their own performance and critically appraise the skills of others. This has not been usual practice within health visiting. The course has also encouraged more confidence in observing colleagues and using constructive feedback as a learning and development tool.

The provision of on house training assists in providing a sustainable model.

The following observations about changes in health-visiting practice have been reported following an evaluation of courses:

- 100% of health visitors who had undertaken Family Partnership courses reported that their skills and knowledge about building partnerships with parents had increased either *moderately* (40%) or *a great deal* (60%)
- 100% reported that their skills and knowledge about goal setting and strategy planning had increased either *moderately* (40%) or *a great deal* (60%)
- 100% rated their confidence in making use of what they had learnt in the course as either *confident* (90%) or *very confident* (10%)
- there has been improved agreeing/negotiating of the timing of visits
- listening skills have been further developed
- contracting/agreements are being documented at the start of the contact
- health visitors have already started using parts of the model and intend to continue to do so as confidence grows
- it is reported that having a process allows more focus in home visit
- health visitors are more confident in encouraging families to find solutions and set goals
- increases have been reported in partnership working, in the focus and structure of visits, and in setting aims and goals
- there is more joint planning for goals and strategies.