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# Implementing & evaluating models of family centred care for children with long term conditions - where next?

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# **Background**

- Effective collaboration between nurses & families is fundamental to care delivery
- Family-centred care model is widely espoused as an effective framework
- Evidence suggests many parents perceive that:
  - They are not supported in their role as manager for their child's condition
  - Their expertise & contribution to care are not valued

#### Rationale & aim

Usefulness of family-centred care model & how implemented & evaluated in practice requires further scrutiny

**Implementation** 

**Evaluation** 

Complementary critical evaluations of familycentred care research, in the context of childhood long-term conditions, will be presented

### **Embedding family-centred care into practice**

- Family is a constant in child's life
- Parent-professional collaboration facilitated
- Ethnic, cultural, socioeconomic & diversity of families respected
- Family strengths & individuality respected
- Complete & unbiased information sharing

- Family-to-family support & networking encouraged & facilitated
- Healthcare practices respond to child & family developmental needs
- Policies & practices provide families with emotional & financial support
- Flexible design of health care services

#### **Theoretical framework**

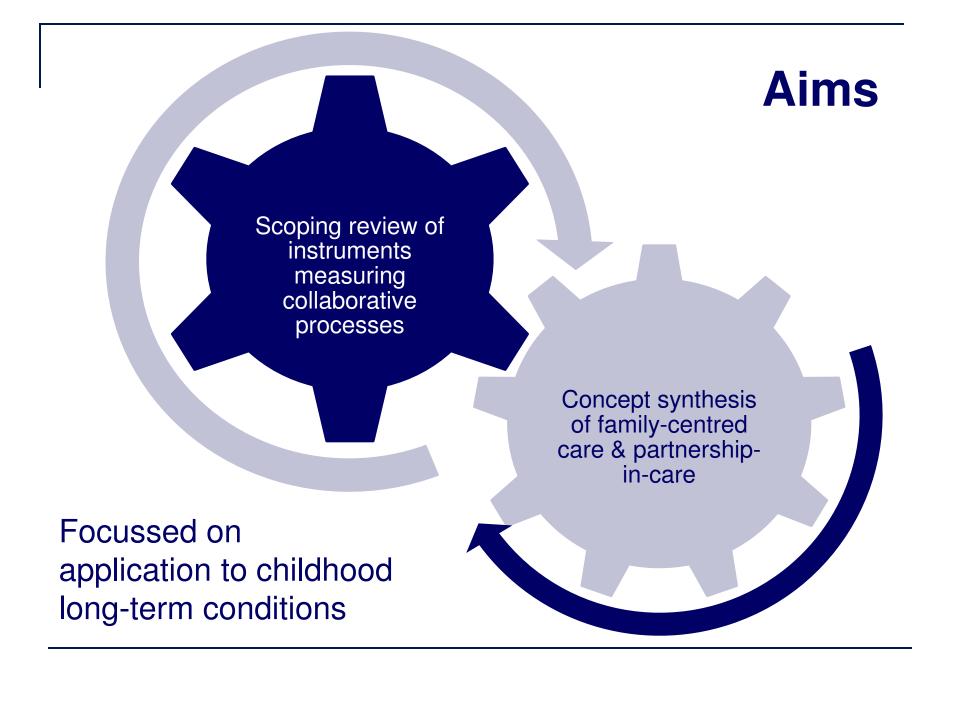
Family-

Value family as constant in the child's life, with strengths & individuality
Respect individual preferences & values

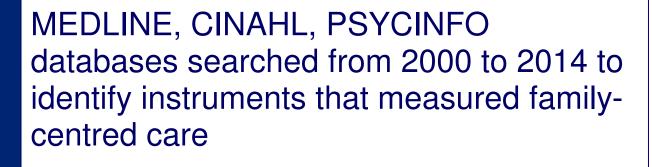
Accurate & comprehensive information provision Information sharing facilitates collaboration & partnership working

Patient-professional agree treatments/care plans
Design care in response to

family needs Negotiation of roles / shared responsibility for care Access to appropriate services Encourage family-to family support

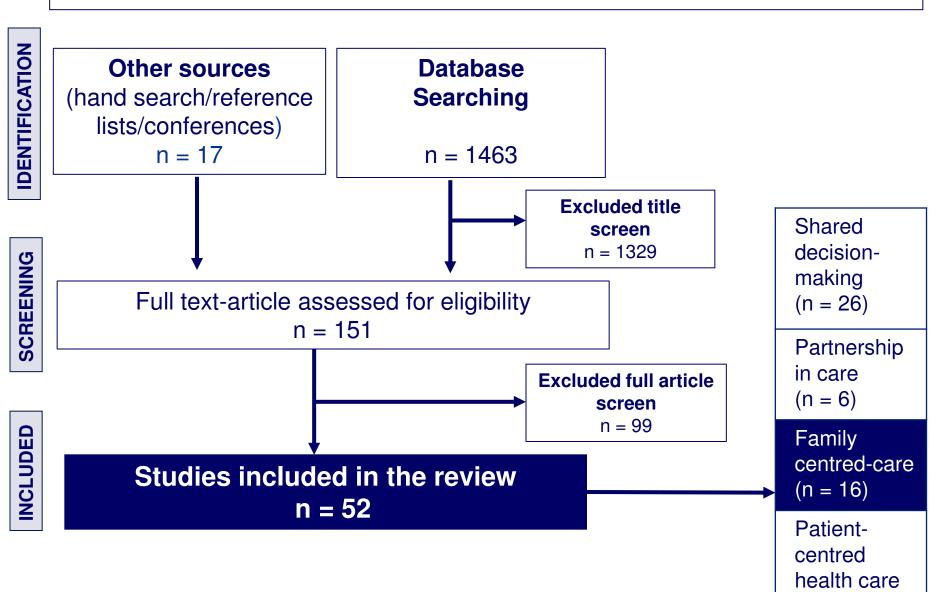


#### Methods

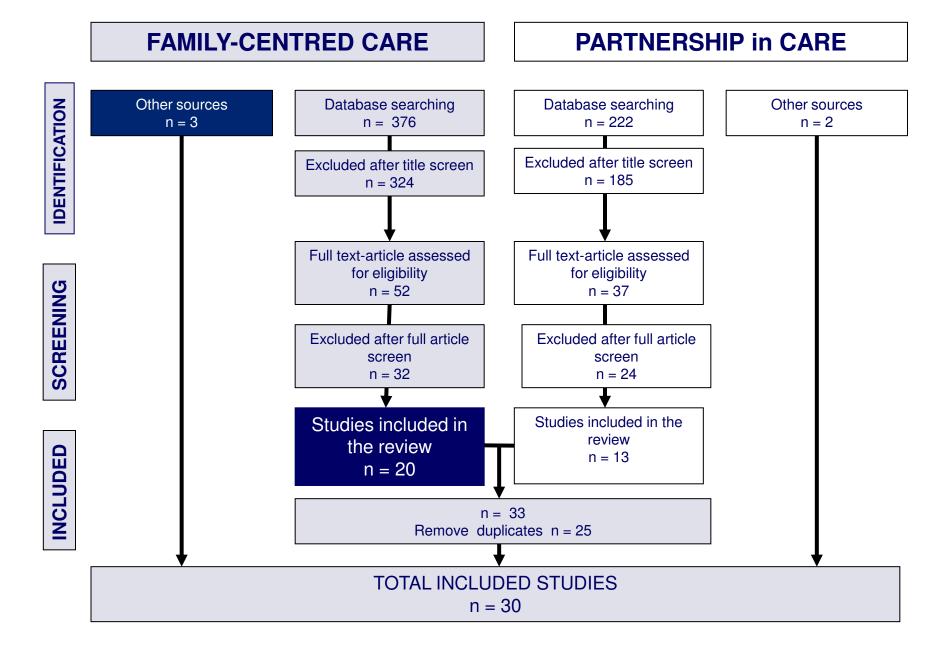


Scopus, CINAHL, BNI databases searched from 1999-2014 to identify research on implementing family-centred care in practice

#### **INSTRUMENTS THAT MEASURE FAMILY-CENTRED CARE**



(n = 4)



### Measures of family-centred care

• 16 studies related to family-centred care

Processes of Care (MPOC) most used measure;
 self-report of parents' perceptions of care

 Measures not specifically developed to evaluate family-centred care in the context of long-term conditions in children

# Antecedents & attributes of family-centred care

 23 studies included relating to embedding family centred care in practice

 Antecedents: 'unclear roles & boundaries' 'entrenched professional practices & attitudes' 'lack guidelines / policies supporting family-centred care'

 Attributes: 'valuing parents knowledge & experiences' 'supporting parents role as care giver' 'incorporating parents expertise into care delivery'

# Measures of patient-centred care models

Model	Validated Instruments		
Shared decision-making (n = 26)	COMRADE (Edwards et al 2003) CONNECT (Haidet et al 2008), OPTION (Elwyn et al 2003) Control Preference Scale (Degner 1997) Decisional Conflict Scale (O'Conner 1995) Perceived Involvement of Care Scale (Lemann et al 1995) Shared Decision-Making Questionnaire Decisional Conflict Scale) (O'Conner 1995)		
Family centred-care (n = 16)	Measure of Processes of Care (MPOC -20, MPOC -56 & MPOC-SP)		
Partnership in care (n = 6) & Patient-centred health care (n = 4)			
No validated measures identified			

Framework for involving parents in care of a child with				
long-term condition				
Domain	Valuing parents' knowledge & experiences	Supporting parents in their role as care giver	Incorporating parents' expertise into clinical & psychosocial care	
Collaborative processes	Developing effective parent-professional relationships	Negotiating with parents preferred level of support	Ensuring transparency of participatory processes	
Actions	<ul> <li>Elicit &amp; respond to parents' concerns</li> <li>Establishing rapport - develop a trusting relationship through clear communication, learning about family context, active listening &amp; share parents' experiences</li> </ul>	<ul> <li>Mutual information exchange</li> <li>Establish parents' contribution to child's clinical care &amp; desired level of involvement</li> <li>Share decisions with parents &amp; other professionals; collaborate when planning care</li> </ul>	<ul> <li>Involving parents in diagnosis &amp; treatment decisions</li> <li>Facilitate parents to express their opinions about care decisions</li> <li>Incorporate parents' knowledge of child &amp; care experiences in assessment, planning, delivery &amp; evaluation of care</li> </ul>	

## Key messages

- Promoting & facilitating involvement requires nurses to work collaboratively with the family
- Tools measuring the implementation of & evaluation of family centred-care are limited & need to be informed by evidence & appropriate theories
- Implementation of family-centred care remains problematic



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