

HOW HELPING WORKS

Towards a shared model of process

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PREFACE

For the most part, psychological interventions have been designed to relieve particular mental disorders, or teach specific skills thought to be important in their prevention. The result has been the development of treatment programmes, some of which have been shown to be highly effective in relation to their goals of reducing maladaptive behaviour or distressing emotions. Moreover, many of these have been 'manualized' in order to provide explicit guidance on how specific forms of intervention should be carried out if they are to be effective. There is no doubt that these interventions have constituted a huge improvement over what was available in years gone by.

Nevertheless, what have tended to get a bit lost are the human elements in the process of providing any form of 'talking' therapy. This has been especially problematic when moving away from the treatment of overt mental disorders to the challenge of helping ordinary individuals deal with the numerous concerns and difficulties that are inherent in parenting. The goal in these circumstances is not the relief of symptoms, but rather the objective of helping people find effective solutions for the problems they face in their lives. The explicit target is making reliance on professional intervention unnecessary because people have been helped to develop the coping strategies that can enable them to manage on their own. Almost inevitably this means a shift to some kind of partnership approach. The danger has been an assumption that if this community or client-led approach is used, anything goes and no over-riding principles are involved.

This paper sets out to question that notion, suggesting instead that a specified conceptual framework is needed to guide the helping process. An explicit model is presented, which outlines in a readily understandable way how the helping process needs to be thought about and how it should be undertaken. The model is not meant to imply that all people need precisely the same form of helping, or that all therapists will work in exactly the same way. Flexibility and adaptation to the specifics of individual couples and families, and of different social contexts and cultural traditions, is essential. Nevertheless, it is argued that a unifying set of principles and of concepts is both possible and desirable. There is no claim that the model provides a complete answer, and it is recognised that further research will be needed to test some of its postulates and assumptions. In the meanwhile, however, the paper provides a very practical set of guidelines that all involved in the helping process should find most useful.

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EXECUTIVE SUMMARY

- The aim of this paper is to elaborate the basics of a conceptual framework about the processes of helping in order to support the huge development of work on parenting currently underway.
- The development of an accessible conceptual framework about the helping process has been neglected in child and family work. An explicit conceptual framework would serve to guide individual practice and developments, inform parents, facilitate service design, commissioning, management practices and research.
- The model presented in this paper has been kept deliberately simple and is presented as explicitly as possible in order to enable testing and development.
- The framework attempts to take into account: **the qualities and skills of the helper; the characteristics of parents; the nature of the parent-helper relationship; the helper's knowledge and understanding of the tasks involved in the helping process**, so that this can be passed on to parents, who in turn can use it with their children; **an explicit framework of the outcomes the helper is attempting to achieve; and a basic understanding of how people function psychologically.**
- Central to the model is the notion that the process of helping should be understood as a sequence of related tasks, which include: **relationship building; exploring the problem; understanding the situation; setting aims/goals; planning strategies; implementation; reviewing the results, and ending.**
- The pivotal importance of the parent-helper relationship to the process requires that it be defined or characterised in detail. Evidence suggests that the most effective relationship is a **partnership**, and this is the assumption built into the model. Partnership is defined in terms of: **active involvement; shared decision making; complementary expertise; agreement of aims and processes; mutual trust and respect; openness and honesty; clear communication, and negotiation.**
- Helpers must be clear about what they are trying to achieve as a result of the process of helping and a holistic approach suggests the following intended outcomes. To: **do no harm; help parents to identify clarify and manage specific problems; enable parents; enable their children; facilitate social support and community development; enable service support; compensate for difficulties where necessary, and improve services wherever possible.**
- The process is facilitated in large part by the qualities helpers bring to the situation and these include: **respect; empathy; genuineness; humility; quiet enthusiasm; personal integrity, and technical expertise.**
- These qualities are demonstrated through a set of communication skills which in turn facilitate the process of helping. These skills include: **attentive/active listening; prompting and exploration; empathic responding and summarising; change skills; negotiation skills, and problem solving.**
- The characteristics of parents also determine the processes of helping and therefore the outcomes of helping, in interaction with the qualities and skills of the helper. Important parental characteristics include factors such as: **their motivation; barriers to them engaging in the process and joining the helper; their attitudes and beliefs about**

services and associated personnel; their expectations of outcome; socio-economic circumstances, and culture.

- The final ingredient of the model encompasses all the other aspects and is concerned with how parents and helpers adapt psychologically. Based upon Personal Construct Theory, it is assumed that: **all people construct in their head a unique model of their world, based upon experience, in order to anticipate events and hence adapt to them. These constructions are not necessarily conscious or verbal, are constantly being tested and changed and play a large part in how we interact socially.**
- The implications of seeing individual functioning in this way is that helping can be understood as a process in which practitioners are working with parents to help them explore and be more aware of their current constructions of their problems and, if necessary, to help them find alternative and more useful ways of making sense of and dealing with the difficulties they face.
- It is suggested that the processes of parenting may parallel the processes of helping and that the overall model described in this paper has considerable value for understanding and informing parenting.
- Specific case examples are provided in the paper to illustrate the model.
- In a final section, the supervision of practitioners is discussed, as essential to effective practice. Supervision, encompassing the provision of personal support for practitioners, continuous education and development, and management in terms of monitoring and evaluation, should be provided by people who understand the processes in which

they are involved and have the qualities and skills needed. It is therefore again suggested that supervision may be seen as parallel to the processes of helping and that the model presented in the paper can inform the provision of supervision with implications for the selection and training of supervisors/managers.

- Using the model has helpful implications for recruitment, training, service development and research, as well as for the provision of flexible, responsive and effective intervention.

INTRODUCTION

The organisations contributing to this paper have been working for many years to develop practical work to support parenting and couple relationships. From discussions we noticed considerable similarities in our approaches, not the least of which is that we attempt to be parent-led in our work. We were aware of shared beliefs in working collaboratively with those we are trying to support: in giving importance to enabling helpers to listen to parents without imposing solutions; helping parents to understand and acknowledge their feelings and the needs that underpin these feelings; exploring changes that could improve their family life; and supporting them while they make the changes needed.

Like many other organisations we have been striving to ensure that our work is evidence-based and overall our evaluations have suggested what we do has a degree of effectiveness (e.g. Davis & Spurr, 1998; Davis & Hester, 1996; Simons, Reynolds & Morison, 2001; Simons, Reynolds, Manion, & Morison, 2003; Boddy, Smith & Simon, 2004; Richie, 2004). However, in so doing, we have learnt that there are serious constraints about current approaches to and the nature of evidence that exists.

The aim of this paper, therefore, is to

elaborate the basics of a conceptual framework of the helping process, that has derived from discussions in which we have worked together to articulate our shared understanding of how helping works. We offer these ideas as potentially useful to policy makers, commissioners, managers, researchers, trainers and helpers, who might all help us develop the model further, through discussion and testing. At the very least we hope it helps to keep the confusion at bay, but remains a work in progress!

NEED FOR EXPLICIT MODEL

There are key difficulties with the current evidence-base for parenting and relationship support services and the prevention of child mental health problems. For example, most of the research on prevention and intervention work with children and families is outcomes-based (Jacobs, 2003). Very little effort has been made to explore and understand the processes involved, even though it is arguably more important to understand the active ingredients of approaches and the ways they work. Lack of understanding of basic processes makes it difficult to translate what is known into practice in a flexible and responsive way, and places serious constraints on commissioning based upon research evidence. Much of what passes for evidence-based practice may, therefore, not be particularly robust.

To progress we require an explicit model about the processes involved in interventions, and this has been neglected in most published approaches and their evaluations within the child and family field (Barnes & Freude-Lagevardi, 2002). An adequate conceptual framework of process is essential; it would:

- Be extremely practical in informing individual practice with clients and also to facilitate service providers to improve their practice.

- Enable partnership. Since parents can only give informed consent to an intervention, if they are given very clear information about what will happen and why, an explicit model would be the basis for discussion and negotiation with them.
- Be essential to policy makers and commissioners for service design and development, in that it would guide the selection of staff, for example, their training needs and the support they in turn might need from their managers to support others.
- Guide management practices fundamentally. Helpers/practitioners can only function properly, if they are supported/supervised appropriately in their practice. This requires people in managerial/supervisory roles to have an understanding of the interpersonal processes involved in supporting others and the qualities and skills to be effective.
- Guide appropriate research to explore and test the model and hence enable further development of the model and hence further improvements in service design and implementation.

Current national developments would derive certain benefits from such a model:

- The National Occupational Standards for Working with Parents provide a real opportunity to develop coherence about the quality of what we do and it is urgent to link this to a model that provides a clear understanding of what we should do, why and how we should do it.
- The proposals for a National Parenting Academy mean that it is now urgent to ensure that its development is informed by sound and robust model rather than good

marketing of slightly rocky evidence.

THE MODEL

The model of how helping works is explored and explained below. It argues that the key ingredients in successful helping are:

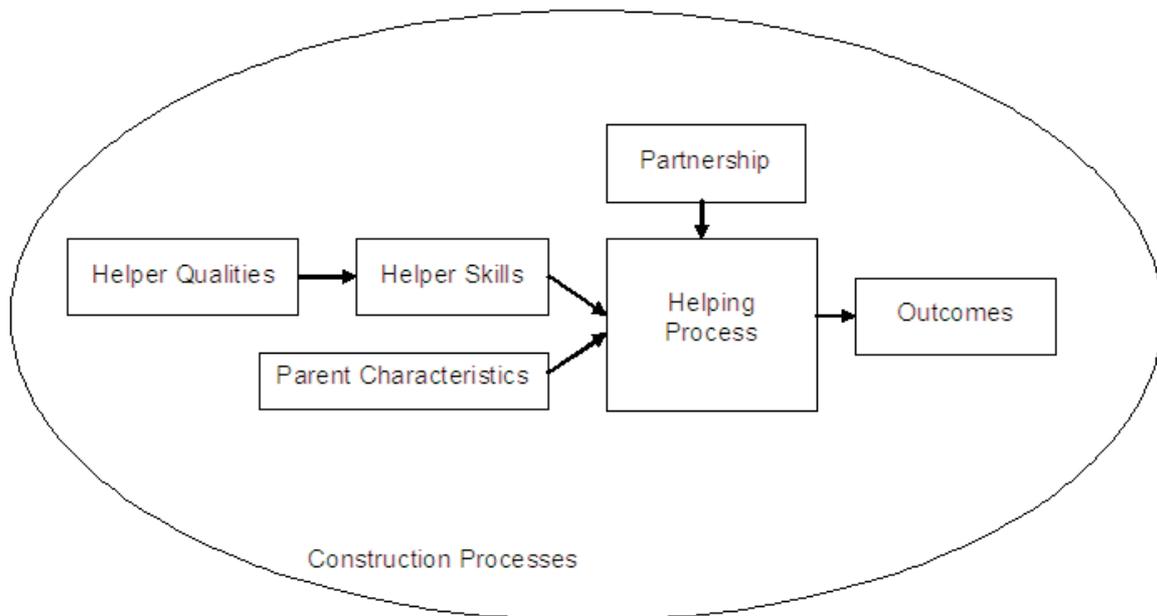
- the qualities and skills of the helper;
- the characteristics of the parents;
- the nature of the parent-helper relationship;
- the helper's knowledge and understanding of the tasks involved in the helping process, so that this can be passed on to parents, who in turn can use it with their children;
- an explicit framework of the outcomes the helper is attempting to achieve;
- and a basic understanding of how people function psychologically.

Each of these is represented as a box in Figure 1, apart from the last ingredient, which is represented as an ellipse because it encompasses or is reflected in all the other aspects of the model.

It is also assumed that helpers' effectiveness is at least partly determined by the quality of support they receive from their managers/supervisors. Supervision will, therefore, be discussed at the end of the paper and understood in terms of the same model.

The model has been deliberately kept as simple as possible and we have tried to describe it in two dimensional space, even though it should be seen in at least 3D, since human processes are complex and dynamic. Nevertheless, the reader is asked to take account of this, and to read all aspects of the model before making a judgement about

Figure 1: Basic Model of Helping



whether or not it makes sense.

The model is also put forward as a framework or set of hypotheses to test in practice. Like the process it describes, it is evolving and developing, and is not fixed or perfect. We hope that it:

- provides enough clarity for helpers/practitioners to be confident about how what they do helps;
- for those selecting, supporting and training them to be clear about the qualities and skills that they need to spot, nurture, and develop effective staff;
- and for those commissioning services to parents, that it provides some real challenges to question service providers about how they work and why.

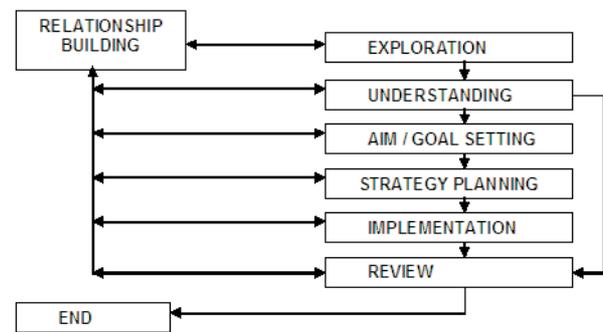
It is vital that anyone who is helping knows that they are doing this within a social, community and family context. This model is holistic, so that it builds on the social, family and community contexts, networks and resources of individual parents. It builds on the strengths of parents and communities rather than being deficit-based. In so doing, it assumes that practice must be inclusive and engaging of difference and diversity.

THE HELPING PROCESS

Central to the model is the notion that the process of helping can be understood as a set of tasks to be undertaken by the parent and helper and that it is these steps that determine the outcomes (see Figure 2). These are also shown as a flow diagram in order to indicate that there is not a simple linear relationship between the tasks. For example, the relationship is not static, but is developing as a result of working on the tasks within the process. One might also move back up the process at any point; for example, as a result of reviewing progress, one might develop a clearer understanding of the situation with the parents.

It may be helpful to see the order of tasks as steps in a logical sequence. The nature and quality of the relationship between the helper and the parent strongly influences the process of helping. Trust is a critical ingredient, for if it is not established the second stage is likely to fail because the parent may be reluctant to work openly with the helper to explore and therefore understand the problem.

Figure 2: Process of Helping Relationships between tasks



Tasks

- Building a relationship.
- Helping the parent to explore their current situation.
- Helping the person to formulate a clearer understanding of their situation.
- Establishing agreed aims and objectives.
- Planning strategies/actions in order to achieve the desired changes.
- Supporting parents while the plans are implemented.
- Reviewing and evaluating the results.
- Ending the relationship.

Although all the tasks have their place with some parents, the first three stages are crucial and are sometimes all that is needed to achieve important outcomes for families. When helpers are equipped with knowledge and understanding of how relationships

work, how to build and maintain them, and how feelings, thoughts and attitudes underpin behaviour, they can engage in the task of enabling parents to change behaviours that are causing difficulties in their family. Aaron Beck's (1967) circle of thoughts, feelings and behaviour explains that if feelings are shared and empathised with, a change in behaviour may follow which can increase hopefulness (thoughts and attitude) and improve feelings. Ultimately this can change the way we think about our relationship with partners or with a child, prompting more changes in behaviour. Work on non-violent communication (e.g. Rosenberg, 1999) emphasises the importance of the ways feelings influence behaviour, and that feelings stem from our needs. We need to understand what our feelings are telling us about our needs, how our feelings are influencing the way we are acting, and also how our behaviour might either help or hinder us from meeting needs.

Acknowledging feelings is a key step in the first tasks of the helping process, and Parentline Plus uses the acronym AIM to enable parents to understand this process: Acknowledge feelings; Identify Needs; Move on. These ideas are also reflected in what One Plus One refer to as the 5Rs, which include:

Rapport - a sense of sharing, trust, cooperation and a caring, equal relationship.

Recognition - by the helper and client of the concerns/problems.

Relief - for the client of being heard and expressing their feelings.

Response - the opportunity to explore, understand the concerns, consider desired change and plan action.

Relevant referral - access to more specialist help or support as necessary.

What this means in practice

Each of these tasks must be undertaken in collaboration with the parent, so as to ensure

their involvement, the use of their expertise, their agreement and the acknowledgement of their role when the goals are achieved successfully.

Only when the parent and helper have a clear understanding of the parent's difficulties can they begin working on the difficulties together. Many workers have been trained to fix things, and this can be a real obstacle. They often listen to just enough of what parents say in order to understand the problem and then attempt to fix it for them. Since articulating and acknowledging the feelings are a critical part of building rapport and the relationship, failing to do this may block the helping process. This is why training and supervision and support are so critical in enabling helpers to be confident enough to encourage and cope with clients' feelings.

Sometimes, achieving a clearer understanding is all that is needed, because it means that parents have been enabled to reframe their problem; for instance from seeing a child as bad to seeing him/her as sad or from viewing themselves as inadequate to seeing themselves as doing their best and resourceful. This can be enough to give parents back their sense of agency and efficacy.

For some parents however, problems and challenges can be entrenched, there can be multiple problems, and each problem may require a different approach only after a successful strategy has been found for a previous problem. There may also be a need to react to a strategy that was not successful, by looping back through the stages, to check if the problem was understood properly, goals were appropriate, strategies adequate and implemented appropriately, so that changes can be made at each stage necessary to increase the likelihood of success.

Endings are a vital part of the process. This final stage requires as much sensitivity and skills as the preceding stages. Nevertheless, finishing may be difficult for workers and parents. Helpers have to face the fact that they may not find out what happens next and that they are no longer needed by particular parents. Parents may feel rejected or even bereaved. It is, therefore, important that the length of the relationship be negotiated as clearly as possible at the beginning and that the implications of ending be discussed fully in advance. Endings need to be explicit, so that parent and helper are clear and can express their feelings if necessary. However, only when the relationship has ended do parents fully gain self-efficacy.

"Thank you. You really helped. I knew what to do all along, but I had lost confidence and I had lost my way. You gave me the strength to find my way again."
Caller to Parentline

On the other hand, the ending may be temporary in that the episode of helping may finish, but not necessarily the relationship. If the relationship is good, it may facilitate further episodes of helping should the need arise in the future.

PARTNERSHIP

Since the relationship is so important within the process of helping, it is important to be explicit about the type of relationship to be developed. It is assumed in this model that the most effective type of relationship between parent-helper is a partnership. Although this notion is frequently assumed in current policy, it is very rarely scrutinised or defined. It is vital to be clear about the characteristics of a partnership, so that helpers know what they are trying to develop in terms of a relationship, know whether and when this has been successful, and understand its effects.

The characteristics of an effective partnership for helping

- Working closely together with active participation and involvement - this is critical because without mutual participation the rest of the helping process cannot be activated.
- Shared decision-making power - to be most effective parents and helpers should work collaboratively contributing equally to decisions. Parents have power and acknowledging this is ultimately for the parents' benefit, since it enables parental self-efficacy and self-advocacy.
- Complementary Expertise - professional expertise and specialist knowledge are important, but it is only of benefit if it adds to and builds on the expertise of the parent and can only be effective in combination with information provided by parents.
- Agreeing aims and process - partnership can only exist if the aims are mutually agreed, as well as the means by which the aims are to be achieved.
- Mutual trust and respect.
- Openness and honesty.
- Clear communication.
- Understanding and flexibility, allowing the partners to take on occasion more or less equal roles, as when it can be useful for the helper to move to a one-down position to encourage the parent to become the expert, so that their position as such as acknowledged.
- Negotiation of all aspects of helping, including the relationship. This has to be continuous, to ensure agreement, especially where there is disagreement or

potential conflict.

What this means in practice

This definition of partnership means that the development of a relationship requires time, effort and skill. It may not always be achievable in all cases and at all times, because it is dependent on what each person brings to the situation, and because some people may not want or be able to work with others in this way. However, this definition acts as a guide for what one is attempting to build.

Because partnership depends on both people, there will be times when a helper might need to suggest an alternative person to take on this role. This might be the case where for example language or cultural barriers mean that parents' trust of the helper might never be established.

Equally, it is vital to allow time and to acknowledge that different people will need partnership to be developed in different ways. For some parents, home visiting might be the only way they can learn to trust the worker, but for others, this might be the last thing they want. This is why services and menus of local service offered to parents must be designed to be flexible and responsive to parents' needs, rather than offering a one size fits all rigid programme for all takers.

OUTCOMES OF HELPING

It is assumed that the process of helping will result in a number of beneficial outcomes as a result of some or all of the tasks in the process described above. However, it is assumed that helpers need to be clear and explicit about what they are attempting to achieve, so as to know why they are doing what they do and whether they have been successful. We have listed some possible general outcomes here, but they are not

proposed as an exclusive or exhaustive list, rather to stimulate helpers/practitioners to think about why they are doing their job and to encourage commissioners to consider the range and types of services they wish to commission.

- Do no harm, physically or psychologically.
- Enable parents/carers to identify, clarify and manage their specific problems.
- Enable parents/carers to develop generally in relation to self-efficacy, confidence, knowledge, skills and understanding of the helping processes.
- Enable the development and well-being of their children.
- Facilitate social support and community development.
- Enable necessary service support from all agencies (including signposting and referral).
- Compensate for difficulties where necessary.
- Improve the system of care.

What this means in practice

The notion of enabling parents includes the development of self-advocacy and self-efficacy, emotional adaptation, knowledge and understanding, skills, problem anticipation and problem solving. Helping must be based on explicit recognition of the agency of the parent/person being helped and must engage with their sense of control, interdependence and their understanding and abilities.

If helpers work directly with children, we are suggesting that the outcomes sought for children, as for parents, should again be holistic in terms of the overall development and well-being of the child. When working through parents, again concern should be for holistic outcomes, and this means that helpers must be explicit about what they are doing, why and how, so that they model and mirror the processes that parents and carers can use with their children.

An emphasis upon the development of social support for families means that we should always retain a thought for the development of communities in which families live. This is because supportive communities have powerful benefits in themselves and are the means by which the strength and resources of the family can be maintained and developed.

The idea of compensating for difficulties where necessary is added, because there may be limits to what parents themselves can achieve. Parents themselves may have learning difficulties, for example, or be struggling with severe mental health problems. Their children may also have disabilities and chronic illnesses that may all require active interventions from specialists. In such circumstances, if parents cannot manage or make effective improvements, then services need to provide the supports they need, including, for example the provision of disability aids or even practical help in the home.

The last outcome is included to be clear that helpers/practitioners have a responsibility to improve the system of care in which they work. This means feeding back to their organisation and beyond changes to services that are required for improving its effectiveness. In effect, this endorses the need for two-way information flows in any system, rather than top-down, authoritarian instruction or information giving.

HELPING QUALITIES

In order to facilitate the process of helping and the achievement of outcomes, the model proposed here argues, following the work of Carl Rogers (e.g. 1959) that helpers require a basic set of personal qualities in addition to the knowledge and skills that constitute their expertise.

These personal qualities are defined as characteristics that are internal to the individual, and have to be demonstrated via the skills and behaviour of the helper in order to have effect. These qualities can be seen as a complex set of fundamental attitudes or beliefs, core understandings or personal constructions (see construing below). In combination they determine the behaviour and skills of the helper, and so facilitate the development of the relationship with parents, the tasks of the helping process and the outcomes.

Basic helper qualities

- **Respect** - caring for the person with whom we are working; valuing them as individuals, and offering unconditional positive regard. This should stem from a fundamental belief in the ability of the person we are helping to change to be able to manage, to cope or to make a difference in their lives. This belief means that the helper does not have to take over, or make up for their shortcomings, but can work alongside them. It also means that value is given to their differences, thus ensuring or enhancing equality and inclusive practice.
- **Empathy** - an attempt to view the parents' situation from their point of view, as opposed to imposing one's own understanding. This is not to assume that parents are 'correct' or that there is only one view, but it is essential to understand what sense parents make of situations (what they think, feel and do) as the basis for helping them.
- **Genuineness** - Rogers related this to being able to be open to all experiences, not to distort them, and to be as accurate as possible in viewing one's own and the other person's world. Related to this is the notion of being honest, undefensive and not pretending. This enables trust to be built in the helper, as well as careful

exploration of the parent's situation and the development of a more effective or clearer understanding of what confronts them.

- **Humility** - This is related to genuineness, but is emphasised in its own right, because of the role that it gives to the person with whom the helper is working. By seeing oneself realistically, with an acceptance of one's own difficulties as well as strengths, one is enabled to solicit and use parents' strengths, resources and expertise alongside your own at every stage in the process. This quality also goes a long way to ensure equality and practice that includes all groups.
- **Quiet enthusiasm** - this is what drives an individual to help another and fuels the great effort needed to engage in the often distressing circumstances of listening to problems and thinking about how they might be managed. With this, it is assumed that helpers must be warm and positive in interacting with others as a fundamental ingredient for building the relationship on which the helping processes are dependent. This relates to having a contained and unshaken belief in the helping processes, drawing on an inner reserve of positive energy that produces a calm, steady and consistently warm approach.
- **Personal integrity** - this refers to the emotional strength of the helper and is a vital ingredient in being effective. To be trusted to help, one needs to have sufficient emotional strength and self-awareness to stay whole and not be pulled out of shape by the vulnerability of others. This also relates to the notion that although one must be able to empathise, at the same time the helper must be able to think differently, to entertain alternative views to those held by parents and to offer these if appropriate.

- **Technical expertise** - refers to the body of technical knowledge and expertise that the helper brings to the work. This includes knowledge specific to professions, but also the understanding of helping processes and the communication skills to put this into practice. All this knowledge is of course a set of constructions and as such needs constant updating. It must also be used carefully by the helper to complement the parents' own knowledge and expertise and not to be imposed. Nor should the helper use it preciously, in that gaining access to information themselves may be all that parents require. Clearly the helper's understanding of the processes is relevant to being effective throughout the process, but technical expertise may be particularly relevant to the task of Exploration, where formal assessment may be required and to Planning Strategies, where specific interventions may be appropriate.

What this means in practice

We are saying that success in facilitating the helping process and achieving positive outcomes is to some degree determined by the helper being able to communicate to parents that they can manage themselves, that what they think is vital, that the helper is believable, not all powerful, cares for them and has the strength to walk with them on their journey, yet questioning the path that they might choose to take.

However, there is no expectation that such qualities are always present in helpers all the time. These qualities are presented as a model to which we might strive. We are suggesting a model of emergent qualities, which might guide individual helpers and enable them to be more effective. In practice, if our services are to develop appropriately, we will need to select people for these qualities, train them and support them in their work.

Such qualities, therefore, need to be included in selection and recruitment processes. An attempt should be made in all recruitment to select people with as high levels as possible in relation to all these qualities, which might then be developed to the full by training, whether in basic professional courses or continuing professional development. Training should be designed to develop all these qualities, as well as providing an explicit understanding of the whole process of helping and training in the skills of effective communication. An understanding of the processes as outlined in our model is assumed to be an integral and essential aspect of technical knowledge and expertise.

It is important to note the role of supervision in enabling these qualities in the helper. As human beings and like parents, all helpers will be vulnerable at times and will need help. We all have personal and relationship difficulties, fears, sorrows, losses and difficult feelings, all of which can be triggered by parents during the helping process. At these times our ability to help others is limited in that the basic qualities may be compromised (e.g. personal integrity). One function of good management or supervision is to identify such times and to provide appropriate support. As will be discussed later in this paper, supervision must, therefore, be on-going and regular and may be considered to model the helping processes in terms of the tasks involved, the qualities and skills of the supervisor and the requirements of the relationship. This may be formally structured, but may also occur in situations mirroring the brief encounters with colleagues as discussed by One Plus One.

Just as the notion of supervision may be seen to parallel the processes of helping, one might argue that the model of helping outlined here parallels and may help our understanding of parenting. One can argue that the model as a whole applies equally to

parenting, in terms of the tasks, the outcomes, the nature of the relationship, and the qualities and skills required. If this is the case, then it is crucial that helpers not only model the process and qualities for parents implicitly in everything they do, but also make this explicit by sharing the model at every opportunity, so that parents may develop their own understanding, qualities and skills and hence benefit their children.

HELPER COMMUNICATION SKILLS

The qualities described above can only be effective if they are perceived by the person asking for help. Practitioners must, therefore, attempt to demonstrate these qualities throughout their interactions with their clients. In effect, this means that helpers must be highly skilled in communicating with parents, both to demonstrate these qualities to them, and to provide the specific skills needed for each stage of the helping process. See for example Egan (2002) and Burnard (1994).

The major skills involved in this are as follows:

- **Active listening/concentration/being attentive** - being able to concentrate completely on the person seeking help is crucial at all stages. It is the basis of actively listening, which involves attempting to understand what the person means using all our senses.
- **Prompting and exploration** - are the means by which the helper enables the person to talk about the issues that are important to them, and to explore their situation thoroughly. These skills include, for example, asking open questions, not interrupting, and reflecting back what the person is saying.
- **Empathic responding and summarising** - the means by which the helper attempts to show an understanding of what the parent

feels, means, or thinks. These are also the ways in which the process of change can be initiated and followed up.

- **Assessing the limits of competence and involvement** - helpers need to be aware of their limits and the limits of their working situation and of their level of involvement.
- **Purpose stating** - consciously making a point of stating the intentions of the helper and making a clear offer of help.
- **Identifying the main message** - listening for the main theme of what is shared in the dialogue, the central message from the parent.
- **Enabling change** - these involve a set of skills that help parents change the ways that they look at situations. This might include providing new information or a different way of looking at the situation. However, attempting to change people may be threatening and therefore one needs to do so in ways that ask permission, endorse the parents' strengths, and invites them to consider situations differently.
- **Negotiating** - these skills must be used explicitly throughout the process to ensure that the parent is in agreement with what is happening, and to resolve potential conflicts. They include beginning with the parent's position, and presenting alternatives with clear explanation.
- **Problem solving** - these skills include prioritising, goal setting, and creatively generating options to be evaluated with the parent.

What this means in practice

Whatever the helper's technical knowledge, it is only possible to share it with parents, if the helper also has the above skills. These are

the means by which the important qualities described in the last section are demonstrated, parents are engaged, the relationship may develop into a partnership and the whole process of helping enabled, and the outcomes achieved. Again they must be considered in the selection of staff and in their training at all stages, since it cannot be assumed that everyone has or understands these skills.

PARENT CHARACTERISTICS

The overall model assumes that the processes of helping are facilitated by the qualities and skills of the helper. However, progress is also determined by the characteristics that parents bring to the situation. The quality and nature of the relationship, the facilitation of the process and the eventual outcomes are actually determined by the interaction of the helper and the parent, and hence what each of them brings to the work.

We will not attempt an exhaustive list of qualities and skills for the parents, although they may be considered to be similar to those discussed for the helper. However, one also needs to consider characteristics such as the motivation of the parent to enter into a partnership and to change and barriers to them engaging in the process and joining the helper, their attitudes and beliefs about services and the associated personnel, their expectations of outcome, socio-economic circumstances and culture. See for example Hoagwood (2005). The implication here is that helpers may need to be matched to the various characteristics of parents. They must certainly adapt to what parents bring in order to facilitate the processes of helping. This endorses the need for appropriate training, so that they have a good working understanding of the model and the skills and qualities to engage even the most reluctant families and those that are hard to reach.

CONSTRUCTION PROCESSES

The final part of the model was presented in Figure 1 as an ellipse to signify that this remaining ingredient has implications for all other aspects of the model. We are assuming that we need a basic understanding of how people, both parents and helpers, adapt psychologically in order to totally understand how to help. We have chosen to think about this by way of Kelly's (1991) theory of personal construing. He argued that all humans build a personal model of the world in order to make sense of what is happening to us and around us, essentially in order to anticipate events and adapt effectively. Kelly suggested that the model in our heads (i.e. the construct system) consists of a set of personal constructs, a word he chose to reflect the assumption that the model is built or elaborated on the basis of our personal experience and that constructs are unique to each of us, although of course there are some that are shared.

Our constructs enable us to make sense of events and situations and hence guide us in what we do, even though they may not be conscious or may not be put into words easily. They can be seen as our own hypotheses about how the world works, and so are constantly being tested, and potentially changed as a direct result of our experiences.

These suggestions of how people operate can be applied to everyone. It applies as much to the helper as it does to the parent, and indeed to their children and to all members of their family network. It also applies to policy makers, politicians and managers.

In addition, a constructivist perspective enables us to understand that individuals create their own lives and make the choices that make sense to them. Any understanding of human behaviour requires knowledge and

definition and interpretations of the situation by those involved. Moreover, change is continual and the constant flux is accompanied by a persistent challenge to redefine and reinterpret.

These ideas encompass and have implications for all the other aspects of the model we have been describing. For example, the qualities listed earlier may be understood as central constructions of helpers in terms of how they anticipate other people (e.g. respect), themselves (e.g. humility) and their expertise. Professional knowledge is essentially a set of constructions that currently seem to have some validity in making sense of problems and anticipating what to do about them. The process of helping may be seen as one in which the helper enables the parent to construe him/her as worthy of trust and of some benefit (i.e. establishes a relationship), such that they can begin to explore the parents' constructions of a problematic situation, and hence derive constructions that are more useful or effective in managing their problems.

Our personal constructs shape how we respond to difference and diversity, while societal constructs embed a political and societal approach to equality and to difference. It is critical that these individual and societal constructs are understood by individual helpers as well as informing service design and delivery. When they do not, discrimination can be built into the services, albeit unintentionally. For instance, programmes that require parents to attend for 12 consecutive weeks do not take account of the hugely challenging circumstances facing some families - and families from black and minority ethnic backgrounds are more likely to face such challenging circumstances.

What this means in practice

The helper and the parent, when working together, are both engaged in a process of making sense of their world. Helping is a process in which the worker attempts to enable parents to be clear about their current constructions and, if necessary, to explore together constructions that may be more useful for them in understanding and dealing with the inevitable difficulties that they will face.

A caller to Parentline asked for help in making her ex-husband spend more time with his teenage children. By carefully listening to the caller and exploring her situation, the call-taker was able to help this parent to change her constructions. Instead of her thinking that her ex-husband had to be changed and made to do something, she came to the view that she should make things happen herself for the benefit of her children, by enjoying their company, building their confidence, and getting support from her network of extended family and friends. In doing this she changed in her constructions of her husband, her constructions of herself and her constructions of how her children might be influenced positively.

In the Brief Encounters video, a young mother turned to a health visitor during a home visit after the birth of her second child. The mother and her partner had an argument in front of the health visitor; he was getting ready to take the older child to the park and the mother was very critical of his handling of the toddler. Once he had gone out with the child, the mother started to explain to the health visitor why she got so angry with her partner. The health visitor listened to a catalogue of complaints about him and then calmly reflected back to the mother what she had heard in terms of the mother's feelings of stress and frustration. The mother immediately became tearful and revealed more of her feelings, but especially her fear that her partner might leave her as her

previous partner (the toddler's father) had. Together the health visitor and mother explored what was really going on for her and how things might be different.

To illustrate how parenting may parallel the helping model, parents may work with their children in the same way to explore the children's constructs of difficult situations, so that the child may be clearer about (i.e. more aware of) their constructions and potentially change them.

A child who had had surgery for a cleft palate over a number of years, suddenly became extremely upset before the final operation. Prompted by her speech therapist, the mother stopped trying to comfort her daughter and reassure her that everything would be fine, but instead got her to talk about and explore her distress and listened carefully to what she had to say (i.e. her constructions). She discovered that her daughter had misconstrued something the surgeon had said to her and thought (wrongly) that she was not going to be able to walk again. This enabled the mother to correct her daughter's constructions about the outcome of the surgery and hence remove her distress.

THE MODEL IN PRACTICE

Support within primary care

A health visitor trained at the Centre for Parent and Child Support was asked by a general practitioner to see a young woman (Sally), who was depressed and having problems managing her three year old son, Jake. The health visitor, Jane, had trouble in contacting Sally, but eventually managed to meet her at home and arranged a series of weekly visits. For the first three visits, Sally appeared a little surly and was reluctant to talk, until Jane gently but explicitly acknowledged her reluctance and addressed it with her. Sally responded by crying and said that she was frightened that Jane would take Jake away, because she was a terrible mother. Jane responded by explaining that she was not there to take Jake away, but to help Sally to explore the difficulties she was facing, to help her understand the problems more clearly and if necessary to try to think about more helpful ways of relating to Jake.

Having briefly shared the model of helping like this, Jane allowed Sally to decide whether she wanted to continue or not and this seemed to enable Sally to relax with her and to be more open in discussing her situation. In return Jane gave Sally her complete attention, empathically acknowledging what she was saying and feeling, and helping her to explore fully each of the issues she raised. Sensing Jane's interest and understanding, Sally quickly became much more trusting and began to tell her what she had shared with no one else previously. She described how badly she felt about herself as a mother, focusing upon her difficulties in feeling close to Jake and her 'failures' in managing him or making him happy. She tentatively explored worries about him having 'hyperactivity' and her not knowing what to do about it. Her negative self-constructions were associated with her feeling unable to relate to any of her family and friends and she described being lonely and having no support. By helping her to explore each of these issues and by trying to see how these difficulties arose, Jane eventually discovered that Sally had experienced considerable physical and emotional abuse from her partner, from whom she had separated some months ago.

By carefully teasing out what had been happening, it appeared to Jane that these experiences were very much the cause of Sally's depression, self-blame and poor self-esteem. Sally construed herself as deserving the abuse, because she had not been able to give her partner what he wanted, and his constant criticism of her relationship with Jake had undermined her ability to deal with him effectively. Over time Jane helped Sally to rethink these constructions and to come to a very different view of her partner's behaviour, as not being justified under any circumstances and that it was the physical and emotional violence that had sapped her confidence and had disturbed Jake, including giving him a totally inappropriate model of how to behave towards her.

These discussions took place over three visits and Sally gradually became more and more open. She had to think about very distressing issues, but as Jane listened carefully, demonstrated high levels of empathy, and gently challenged her conclusions, she noticed that Sally seemed to find a degree of enjoyment in their sessions together and that her mood lightened considerably. She became less negative about herself and more optimistic about what she might be able to achieve. Quite quickly, Sally came to see the abuse as instigated clearly by her ex-partner and not because of her own failings. Associated with these changes in constructions about self-blame, she began to be less critical of her son and more understanding of him in terms of what effects the abuse and her own subsequent depression might have had on him.

Their work together had produced for Sally a much clearer and more useful understanding of her situation and this in itself produced considerable improvement; she felt much happier and was able to take more control of her life, including making renewed contact with her friends and family. However, she still had difficulties with Jake in dealing with his angry outburst towards her, his seeming unhappiness and reluctance to do what she asked. Sally and Jane, therefore, agreed to work on these problems, and within a short time had come to agreement about setting a number of specific goals (e.g. to reduce the frequency of angry episodes), had planned appropriate strategies to achieve these (e.g. spending time each day together doing something Jake enjoyed; not reacting to his outbursts with anger), and decided how these were to be implemented.

When they met again after two weeks to review the situation, Jane was a little apprehensive about what might have occurred, because Sally had not been in touch with her, as they had agreed. However, although Jake still had periods in which he was negative towards her and refused to comply, there had been much improvement. They were enjoying their specific play time together: Jake appeared to be unhappy less frequently, was much less angry and was even being affectionate in a way Sally had rarely seen before. Jane and Sally evaluated what had been achieved and Jane was careful to help Sally take credit for the achievements. They agreed to meet twice more before ending their contact to help Sally work on her relationship with Jake. During this time, in response to a request from Sally, Jane arranged for her to take up a place on a parenting course run by a local voluntary organisation.

Individual Telephone Support

Mary rang One Parent Families support line asking for help with her son, who was aggressive and violent towards her. The One Parent Families' worker made a referral to the Parentline Plus Individual Telephone Support service under an arrangement between the two organisations, and a booking was made for Mary to receive a series of telephone calls over three weeks from a parent support worker (Pat) employed by Parentline Plus.

On the first telephone call, Mary spoke very rapidly, almost without a breath for just over an hour. She was a single parent. Her son's father lived abroad and offered little practical, emotional or financial support. He saw the boy occasionally during school holidays, and Mary described how she felt his father encouraged their son to ignore Mary and to challenge her. She felt that the father was encouraging their son to believe that she was stopping him from living overseas with her, but he had made it clear to Mary that he was not prepared to have the boy living with him. Pat felt that Mary seemed to feel enormously disempowered and alone, and reflected this back in that first conversation.

Mary told Pat that she had made many efforts to access support for herself and for her son from a variety of agencies. She described how she felt let down, judged poorly as a parent, unheard, misunderstood and fobbed off. Her own extended family seemed to cause her enormous distress and she felt they undermined her, and spoilt her son, and believed her to be too strict with him.

On that first session Pat felt that Mary was close to breakdown, and Pat wondered how any headway might be made in only two more sessions. The first session had been spent allowing Mary to offload and to be heard, and building a trusting relationship. Given Mary's experiences of other workers and agencies, this was hugely important.

At the second session, Mary was much calmer. It seemed that the opportunity in the first session to release her pent-up emotion had enabled her to think more clearly. She talked fast, but, this time, left space for Pat to interject and to offer alternative ways of thinking about what she had just said. Pat felt that Mary was an extremely intelligent woman, yet she seemed to have become diminished and powerless. She told Pat that she was unemployed, because she did not feel she could cope with work. Pat explored this with her, to try to understand how it had come about. It seemed to Pat that Mary's lack of confidence was compounded by what Mary regarded as her inability to 'make' her ex-husband into the father she knew her son needed. He was also very good at 'messing with her head' which she understood, and which had motivated her to divorce him. However, she felt obliged to stay in contact with him for their son's sake, and she felt responsible for their relationship - past, present and future. Pat asked Mary if she had ever felt heard, listened to, supported or considered by her ex-husband, and she said not. Pat asked what would happen if she decided not to try so hard and considered his opinion of her and her parenting far less, and Mary was silent. Pat asked if she felt that Mary would ever be able to 'make' him acknowledge her, support her financially, emotionally or physically or consider that her opinions would be worth hearing. Pat could feel Mary thinking this all through.

This meant that she was able to think again about how the situation at home had developed. After this conversation Mary began to explore in her head the notion of truly going it alone, because she realised that to all intents and purposes she was a lone parent - not part of a divorced but united team. Mary and Pat then talked about where she and her son were today, and who and what had contributed to his progress and success. Mary saw that her son's considerable achievements had to be at least partly to do with her parenting of him, because she was the major parent. At this stage, they began to discuss the issues of violence between them, and the burden of guilt, because Mary thought that it had 'all been my fault'.

This in turn meant that she could think about what she could do about that situation, and what she would do next time she felt the tension between them driving the situation towards frustration and violence. Pat observed that managing conflict was a difficulty for Mary. She noticed that Mary was inclined to be very determined to win any argument. They talked about her own mood and level of emotion as conflict loomed. She was able to acknowledge that her feelings of powerlessness generated her determination to win and be in control. She began to think about where she might better place her energies. They also discussed the difference between the way she communicated and the way her son received what she had to say. Pat stated that although he did not appear to be listening to her, he could not help but hear her, and this stopped Mary in her tracks, because she could now see that she had probably repeated herself needlessly and could see why her son said she nagged.

Self-care was also discussed in abundance; Mary knew what to do, but she seemed to need permission from Pat to sometimes put her own needs in front of the needs of others. She was very quick to see that all her son's behaviour had been driven by need, or his feelings, but that they had got so hung up on winning that neither was getting anywhere. Encouraging Mary to try active listening was an enormous undertaking, because her need to express her feelings often spilled over during any conversation between them. However, because Mary was able to express her feelings and needs to Pat, a space had been created for Mary to be heard.

By the third and final call, Mary told Pat that she felt saved by the calls. Although there was still more work to do, she felt stronger, and much clearer about what she could do to change things at home. The chance to tell it as it was, from her perspective, seemed to have been an essential part of the process, as was the feeling that Pat communicated, that she was not being judged for 'errors' in her parenting. Mary told Pat that she had made her feel better because she had not been criticised. She knew that there were things in the relationship between her and her son which needed to change and she had not needed Pat to rub it in and give her 'advice', no matter how well meant. Telephone support had been especially helpful to her, because she was able to fit it easily into her busy schedule without having to go anywhere. She also knew that she would never meet Pat in the street, or have to face her again, as she would a friend or family member. She also felt that she had made up her own mind about what to do, cherry picking from the range of options they had explored.

Opportunistic support

This final example is intended to illustrate how the model might operate even in opportunistic situations that One Plus One refer to as the 'turned to moment' in brief encounters between parents and professionals. Specifically, parents may turn to a worker to ask about an aspect of their family life that worries them. They may do this in a tentative and even obscure way, so as to test whether to trust the worker or whether the worker is able to hear them. For example, a parent might say in a light hearted way, "Oh, he always goes to the pub, when it's bedtime. So I put them to bed alone every night." Or a parent might say, "Do all families always argue about who is going to take the children to the park?" Many just respond to the question "How are you - you look a bit down/tired?" by bursting into tears. Such moments might occur when parents are embarrassed, find it hard to articulate their worries, or raise the concern under the guise of another less difficult issue. For example, it is often easier to raise worries about children, than a problem in the parents' relationship. 'Turned to moments' may come at inconvenient times for workers (e.g. when the teacher is with 30 children waiting for the school day to start or a health visitor is in a busy baby clinic with a long queue).

At such moments, it is crucial to recognise the help-seeking signal either from the parent or within oneself - that something is amiss - and to listen carefully. If the choice is made by the helper to put on hold their own professional agenda and follow the parent's - then make an offer of help stating clearly what the purpose of the help is to be. Using good communication skills explore the problem while assessing the main message and suspending attempts to problem-solve. By allowing parents to express their feelings, by really hearing what they are saying, by reflecting back and increasing understanding, they will not feel belittled, may articulate their constructions more fully and begin the processes of change. As the intervention is ending review the progress, check any ideas or plans for change and what support may be needed and assess the need for referral to a more specialist worker. Allowing parents time, attention and respect, even within a limited time, counteracts the view of professionals as uninterested with little to offer.

One Plus One's Brief Encounters model guides the worker in how to respond to such moments. If such an approach is made by the parent/client, the helper is expected to decide whether to acknowledge it, make an offer of help, agreeing the purpose and how it will be done (e.g. time, place, etc), then listening actively so as to explore the client's thoughts, behaviour and feelings in order to derive some understanding, with review, ending and referral (if necessary).

This model is entirely consistent with the model we have articulated in this paper. **Relationship building:** an approach by the parent suggests at least the very beginnings of a relationship, albeit being tested by the parent. By understanding this and by listening, the helper enables the relationship to be further established. This relationship begins to become a **partnership** by the worker's offer of help, specification of how they are to proceed, and the parent's acceptance and ownership of this mini-contract. **Exploration:** by the worker listening actively, asking questions and showing empathy (using the **helper skills** and demonstrating **helper qualities**) the issue is opened up and the task of exploration is undertaken. **Understanding:** if successful, this should produce a clearer understanding of the issues and hence puts the parent in a better position to change how they are feeling and thinking about it, and then to change what they do about it. This could involve the helper with the parent in the problem-solving tasks of **aim/goal setting, planning strategies and implementation** or put the parent in a position of being able to move ahead themselves, such that they might skip these tasks, and jump to **reviewing** what has been achieved and then **ending** the episode of help, with a referral if necessary to more specialist help if needed.

The following is a specific example to illustrate a brief encounter.

Stage 1: The signal and approach

The health visitor, Pauline, reported that she noticed a young mother who looked distracted and tired amidst the noise and merrymaking at the under 1's Christmas party. Pauline decided to approach the mum and respond to her non-verbal signals. "When I gently enquired about her well-being she burst into tears. She told me her husband had walked out and she had a 6-month old baby."

Making an offer - the mini-contract

Pauline had a quick word with her colleagues and it was agreed they could manage for a short while without her. She made the decision to offer a mini-contract, a 'brief encounter', and suggested that they find a quiet corner for about 15 minutes to talk through what had happened. The mother agreed she would find it helpful and apologised for being tearful. "We found a quieter corner and I reassured her about her tears and said it was only natural to be very upset. I repeated what she had told me and asked her if she would like to tell me a little bit more about it."

Stage 2: Exploring and understanding

"As she talked I concentrated on listening and reflecting back her story and her feelings. We explored how her husband had got more and more resentful since the baby was born and had started to go out on his own.

I was careful to empathise with her great distress in her present situation before summarising what I thought she was telling me about what went wrong.

By talking it through she was able to recognise that she had become engrossed in the baby, especially as she was breast-feeding, and felt both she, and her husband had neglected their relationship. I felt reasonably confident that we had done as much as we could for the time

being and reminded her that we should get back to the party. She was happy to stop talking and in fact had looked at the clock a few times in the last 5 minutes."

Stage 3: Ending - review and referral

"We reviewed how she was feeling now and could both see she had made progress.

Before I asked her how she might cope with the next few weeks, she started suggesting that she should talk to her husband. Together we decided that it might be better to meet outside the home and arrange for a babysitter.

By the end of the encounter as the second stage of the intervention framework is ending and the third stage of reviewing and looking to the future begins she had set herself a task. She went away from the party with the aim of meeting her husband on neutral ground without the baby, in order to talk about what had gone wrong and whether they could work things through.

I was struck by the difference in her. She seemed to change from being upset, frightened and overwhelmed by her difficulties to having an understanding of her part in the problem, an awareness of her husband's feelings and a sense of hopefulness and motivation that maybe she could at least try to start to repair the relationship.

To complete the final stage of a brief encounter a decision has to be made about whether the client needs further support or referral to a specialist agency. I offered to see her in a few weeks and she was invited to telephone before if necessary.

Two months later the couple were reunited and although not perfect the relationship has improved and the couple are talking more openly about their needs."

SUPERVISION

Having presented and illustrated the model of helping, we should like to finish by considering its application to supervision. Supervision is crucial to service provision in which psychological and social issues are involved. Helping can be a difficult task, in which the practitioner is frequently exposed to the distress of others and uncertainty about outcomes achievable. To practise effectively in such situations we all need appropriate support. There are many reasons for this, but they include: enabling the frontline worker to think through cases they are finding difficult; to help them keep perspective in terms of how successful they are being; to maintain the essential qualities and skills described earlier, including personal integrity; to avoid becoming disillusioned and burnt out; to feel part of a caring organisation; and generally to reflect upon their work in order to learn and develop.

Although some would argue that clinical supervision is something separate from management, we are inclined to see it as one of the most important aspects of management, and one that is frequently ignored and neglected within current public services, where managers may not be selected for the human qualities needed to relate to others in a supervisory relationship, may not be trained appropriately to do so, may give little or no time to supporting their staff and may often create more problems through their own incompetence. Essentially we regard supervision as taking place when the worker has relatively frequent and regular meeting with one or more people, who understand what they are doing in the supervision role, have the characteristics to fulfil this role appropriately, and provide the worker with the opportunity to reflect upon their work.

Supervision encompasses multiple functions, but high on the list are the provision of

personal support for the worker, an education and development role, and a managerial role in terms of monitoring and evaluating the output and quality of work. Although this may include peer supervision, it does not dispense with the need for supervision from line managers, who can arguably provide for all the functions, if they know what they are doing.

Knowing what they are doing essentially means having a model of supervision through training, the skills and qualities needed to carrying out the psychosocial task of supervision appropriately, and according the task the time and effort its importance dictates. Basically, supervisors need to understand the processes in terms of the active ingredients for successful outcomes, and as such we have begun to think of supervision as operating in a way that is similar to and parallels the processes of helping. We are suggesting that supervision can be usefully seen as the same as the model presented in Figure 1 earlier in this paper and as elaborated in each of the subsequent sections. Briefly we are offering the idea that supervision must be understood in terms of a set of outcomes, which are achieved by way of a set of tasks (as listed in the process of helping) that in large part depends upon the quality of the relationship established between worker and supervisor. We are suggesting that the most effective relationship is a partnership as defined earlier, and that the facilitation of partnership and the process as a whole is dependent upon the qualities and skills of the supervisor in interaction with those of the worker. All of these elements can again be seen in the context of the participants functioning psychologically by building constructions of the world in order to anticipate and hence adapt effectively.

The model of helping may not directly parallel that of helping in every detail, but we think it is close enough to be of heuristic

value. An interesting advantage of these ideas is that the supervisor may help practitioners both directly and indirectly by modelling the processes, skills and qualities and hence enabling them to develop effective practice, which in turn might model effective behaviour in parents, who can also be seen as in a parallel process with their children.

CONCLUSION

It has been argued here that there is an urgent need for a model of the helping processes and we have presented a model that may be of value in guiding the work of individual practitioners, the engagement of parents, the design and commissioning of services and process research, which has been neglected to date in favour of studies that are primarily outcomes-based. We have described the model in some detail in the hope that it might be explored by others, tested for its usefulness and hopefully developed and improved. We have also suggested that the model has implications for both the management and supervision of practitioners and for parenting. We sincerely hope that these ideas will be of value to people generally in the child and family field and would be delighted to hear from anyone who is interested to discuss them.

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