Chapter 6

6. PROFESSIONAL RELEVANCE OF THE RESEARCH AND PERSONAL REFLECTIONS

6.1 INTRODUCTION

This chapter will briefly describe the professional doctorate programme before providing a reflection on my personal motivations for choosing an educational route which would enable me to become a confident nurse practitioner-researcher. I will also reflect upon my practice based decisions in light of the findings within this research and will outline suggestions for further research. Finally this chapter will include a critical discussion of the learning undertaken both in the workplace and within my professional development before outlining my future aspirations.

The original doctoral programmes were developed approximately 600 years ago according to Bourner, Bowden and Laing (2001). They were used as a preparation for professional practice not dissimilar to contemporary professional doctorates. Professional Doctorates are distinguished from the traditional Doctor of Philosophy (PhD) by the fact they have a named subject title, such as nursing. The operation of the research occurs in a professional subject area, although students are taught in multi-disciplinary cohorts (Powell & Long, 2005). I started the Professional Doctorate Programme at Portsmouth in 2006. The programme was research based for experienced health practitioners to develop original knowledge for a professional discipline by planning and implementing a relevant research study (Lee, 2009). This presence of peer collaboration was important to me as it led to many opportunities to develop support networks and begin to share knowledge and expertise (Ellis, 2009). My ability to question analysis, develop and apply new practice knowledge in a practical setting has improved considerably (Lee, 2009). I have also developed transferable wider skills required for the contemporary workplace as well as having developed an in-depth knowledge in a specialist subject.
6.2   PRACTITIONER RESEARCHER

My development as a practitioner researcher addressing ‘real world’ issues has been central to this research project. My confidence and competence as a researcher has grown which has been demonstrated through a presentation of my initial findings within a national peer group setting. My enthusiasm for promoting and assisting others with their research through subsequent nursing meetings has been exciting. The development of the journal club has encouraged me to seek and review research articles in order to make links with current practice. As a result of this research I suggest the following implications for further research and future practice.

6.2.1   SUGGESTIONS FOR FURTHER RESEARCH

The reason for undertaking this research study was that the current evaluation of the training groups for foster carers regarding the emotional health needs of children in care did not provide adequate in-depth information to develop and plan future training. Foster carers need and expect training that builds upon existing knowledge and skills and offers a range of input. Their parenting skills are under constant pressure due to the complex and unique difficulties that are placed upon them by both the children and the wider system (Hill-Trout et al., 2003). There needs to be a range of services from health education and social care moving towards more evidence based approaches to support this network of professionals. Training within this context may be likely to have an impact upon change.

There is evidence to suggest within this study that group work is an efficient use of limited resources and that training can provide support to foster carers whilst giving opportunities to learn. The results of the quantitative study suggest that there remains a mismatch between measured intervention and foster carers’ responses (Pithouse et al., 2002) however this needs to be viewed in the context of the level of difficulties experienced by this group of children and the realistic nature of change over time as noted in many other studies within this field. This supports the need for outcome tools to be used over a longer period of time and requires further research. The qualitative findings suggest that training enables foster carers to understand and gain confidence and cope with and manage children in care. There were also
suggests that it may raise awareness of the CAMHS service and aid appropriate referrals in the future.

This research programme has a number of features that distinguish it from previous studies. It uses an illuminative evaluative approach which focuses primarily on the importance of description and interpretation to discover and document what it is like for foster carers to participate in a mental health training programme. The evaluator has focussed and concentrated upon the processes rather than the outcomes as data has been collected from observation, interviews and questionnaires (Parlett& Hamilton, 1972). This study has used the Family Impact Questionnaire (Donenberg & Baker, 1993), which has not been used in previous studies, to consider and acknowledge any secondary effects of attending a training programme upon areas of family functioning for foster carers. This study has also used qualitative data collection which has considered the diversity and complexity of the learning milieu through the use of observational field notes, reflective diaries and in-depth pre training interviews.

Limitations have included resource constraints, an overwhelming amount of data and time needed to make sense of this in order to unravel the significant experiences of foster carers through observation and interviewing. This evaluation was explorative rather than conclusive and these findings need to be considered together with the body of evidence already established.

This illuminative evaluation indicates effective pointers to areas that can be researched further:

1. To research the effects of fostering upon various areas of family functioning. More exploration of the five areas of family functioning may reveal interesting findings regarding the complexities of increased stress upon the whole family. This may be important in relation to placement stability.

2. To evaluate the retainment of knowledge, perceived changes in the emotional needs of children in care, impact upon family functioning and experience in practice, over a longer six and nine month time frame. This
may be important in relation to ongoing support needs and better outcomes for children who are fostered.

3. To explore the experience of mental health training upon the wider professional network and the impact of this upon the support offered to foster carers in relation to placement stability.

6.2.2 SUGGESTIONS FOR FUTURE PROFESSIONAL CLINICAL PRACTICE

The following suggestions are made based upon the findings within this study:

1. Review all existing mental health training groups offered to foster carers in relation to length of training and follow up support. To use additional outcome tools which include quantitative and qualitative measures and provide follow up training groups in order to analyse outcomes over longer period of time.

2. The qualitative findings provided contextual information about how being part of the development of training may be beneficial for foster carers. It is therefore important to involve foster carers in co-creating future training in relation to a long term training group for therapeutic foster carers.

3. Opportunities should be made available to reflect upon practice, provide regular consultation and training to foster carers and other professional groups within the network who attend the training programme in the future.

4. As a result of understanding the benefits of meeting with foster carers prior to training I suggest the provision of pre-training interviews in order to develop a working relationship with the foster carers and promote a deeper understanding of the needs of individual foster carers.

5. To disseminate findings through publication and conferences at local and national level. Please refer to Appendix 23 for a copy of the ACAMHS presentation (October 2010) and Appendix 24 for a copy of the presentation certificate for the Solent NHS Trust Presentation (May 2011).
6.2.3 SUGGESTIONS FOR THE DEBATE ON MENTAL HEALTH TRAINING FOR FOSTER CARERS

Warman et al (2006) suggested that we have a rare opportunity when considering both quantitative and qualitative data to assess the impact of a particular programme on the practice of foster carers and promote the need for trainers to build upon foster carers’ knowledge, relate the content of the training to their work and promote training as a learning process. As a practitioner researcher, my awareness of the training needs of foster carers has been widened, strengthened and deepened. These findings have supported my practice alongside theories of adult learning outlined by Burns (2002). As a result I suggest the following recommendations to the current debate within the field when training foster carers:

1. It is important when considering how to train foster carers of vulnerable children to reflect upon how knowledge is constructed from experience. Respecting their knowledge in the form of experiences is crucial and enables less defensiveness about learning to do things differently. Pre-training interviews exploring the motivations and expectations of foster carers may give facilitators of mental health training increased awareness of not only the previous experience of foster carers but also an understanding of their needs in relation to the training group.

2. Learning is a personal interpretation of the world and the key to training is to acknowledge the foster carer’s perceptions of their children before moving them forward to gain new insights. New learning is important when linked to existing knowledge. So build upon what foster carers already know. Pre-training interviews may aid this process.

3. The laws of meaningfulness are an active process developed on past and present experiences. The wealth of shared learning in the group training is hugely beneficial to foster carers. Future training could benefit from developing this aspect of the curriculum.

4. The use of problem solving in terms of clinical examples of the children they care for, restructuring the situation, inspecting the problem testing solutions enabled insight. Role play, case scenarios and working in small groups have a role within the training programme and address this issue.
6.3 REVIEW OF MY PROFESSIONAL DEVELOPMENT

My current role as an Advanced Nurse Practitioner within a Child and Adolescent Mental Health Service which is dedicated to improving the emotional health of children in care presents many challenges. This illuminative evaluation of the mental health training programme is the final part of the programme of study for the Professional Doctorate in Nursing offered by the University of Portsmouth. I had planned to begin the collection of my primary data as soon as my proposal had been authorised i.e. between April and May 2009. It was at this point when I realised the gravity of the overwhelming task of co-ordinating and collecting the layers of data. An emergency admission to hospital with appendicitis 10 days prior to my first interview taught me a valuable lesson in terms of my ability to control the process. Life may just take over at times and the need to be patient and have balance within my everyday life was not going to be as straightforward as it seemed. I still managed to commence the interviews however I was more mindful of my need to pace the project through a clear pathway of stages of my proposed programme with dates attached. Please refer to Appendix 25.

Since that point I have lived and breathed this project for three years planning the finest detail and leaving nothing to chance. All the stages within Part Two have been relevant to my work with foster carers and I have been amazed to discover so much about not only the experiences of foster carers but also the meaning they have placed upon their new knowledge in terms of their own practice. I now feel far more enlightened with regard to their training needs. It has deepened my understanding of life for an inexperienced and experienced foster carer. My awareness of what is considered important to them in terms of sharing practice was interesting and the personal impact upon their own history was inspiring.

Research undertaken has had potential benefits for service development and aims to enhance practice and improve service delivery. The outcomes of this research include new knowledge regarding the experience of foster carers through training, a change in practice to best meet the needs of foster carers in relation to developing skills to support the emotional health and well being of their children, a contribution
to original research and the development of my increased research and organisational skills.

6.4 FUTURE GOALS AND ASPIRATIONS

I consider this to be the start of an increased motivation to create training programmes that channel our resources, share knowledge about the emotional health needs, and build stronger working alliances with my fellow professional colleagues in health and social care in order to contribute to the emotional health of children in care.

In addition my future plans as an advanced nurse specialist include the ongoing development of the nursing journal club, within which I aim to critically appraise research articles in the team meeting, to encourage debate and develop skills in disseminating information. It is increasingly important to inform consumers of CAMHS (children in care, foster carers and social workers) of local and national research. The need for children in care, foster carers and social workers to be fully informed in order to make the appropriate treatment choices is an important one. An article that was recently disseminated to the team encouraged the team to address the importance of user involvement in their treatment choices and the need to ensure the voices of children in care are heard and are not excluded from contributing in this way (Davies & Wright, 2008).

Finally this process gave me a basis upon which to consider publishing the findings in order to share the experiences of our local foster carers with a wider national audience. Presenting the preliminary findings to a national forum i.e. The Association of Child and Adolescent Mental Health Services (ACAMHS) in 2010 has given me the motivation to publish as soon as possible. Presenting the findings at a local forum was equally exciting in a ‘Celebration of Good Practice Conference’ in 2011. I have already shared my experiences with my peers and colleagues and nurtured a culture of debate and confidence regarding our participation as health care practitioners both to appraise and contribute to research and publication at a local, national and international level.