Fostering and sustaining UK, multidisciplinary, family-focused care across the life-course:
A White Rose collaboration in long-term condition management

Professor Veronica Swallow
Professor Angela Tod
Dr Joanna Smith

April 2017
INTRODUCTION

Care of persons with long-term conditions (LTCs) is a key health-policy priority. LTCs account for 70% of health/social-care spending. In Better Value in the NHS (2015) the Kings Fund predicts that improving service quality and cost-effectiveness for people with LTCs will remain critical for the foreseeable future. International evidence indicates that LTCs in early-life can affect individuals’ health and well-being across the life-course. Around 15 million people in England live with one or more LTCs, family members may contribute to their care and one person’s LTC can impact on the whole family’s health and wellbeing. Families respond differently to LTCs but family response is closely related to clinical outcomes.

In 2013 the Chief Medical Officer urged professionals to ‘think family at every interaction’ to ensure family-health and well-being is central to multi-professional practice, and to develop innovative tools to support/promote this. Research indicates that family relationships have the potential for health-promoting effects, yet family-focused care across the life-course is not central to the NHS. Little is known about: how UK health and social-care professionals understand family-support; how family-life, family-health and social-care intersect; or what tools/interventions exist to support and promote family-focused care for those with LTCs across the life-course. Currently there is no collaboration between the White Rose universities (Universities of Leeds, Sheffield and York) in the field of family-focused care of LTCs across the life-course; yet LTC management across the life-course is an area that is a strategically important for policy and research funders. This proposed collaborative project will enable us to establish a Research Development Group (RDG) in the field of family-focused care of LTCs across the life-course. The collaboration has the potential to achieve significant short and medium-term outcomes that will bring added value to the investment in this project, and will pave the way for us to achieve important long-term outcomes to benefit families living with LTCs. The project builds on and benefits from the strengths of the three Universities bringing together LTC expertise across the life-course and creating a unique multidisciplinary collaboration between the White Rose universities.

OBJECTIVES:

1. Establish a virtual, multidisciplinary RDG: ‘Family health and social-care research across the life-course’ that combines expertise in LTC research in psychology, nursing, allied health and social care in the three Universities;
2. Systematically review the UK literature in this area;
3. Harness existing links with international family experts;
4. Establish a patient and public involvement (PPI) group of consumers to advise on family perspectives;
5. Define aims/objectives for future collaborative grant application/s around support strategies where family members have LTCs.

PROPOSED ACTIVITIES:

1. Project inception event for applicants/consumers to refine timetable and determine RDG, patient and public involvement (PPI) and early career researcher (ECR) groups’ aims, objectives and milestones;
2. Convene a PPI group;
3. Develop White Rose project website to support dissemination and demonstrate collaboration;
4. Undertake a systematic literature review;
5. Deliver a 1.5-day workshop for the applicants, consumers and key UK family-focused colleagues.

This report summarises the workshop

M aster C lasses w ere d elivered by:

a. P rofessor Knafi and van Riper, A merica
   (C onceptual and m ethodological u nderpinnings of
   i nternational family research);

b. P rofessor Shiel d s, A ustralia ( I nternational e vidence for
   f amily-centred c are);

c. D r Ostergaard (D eveloping family-cardiology nursing in
   D enmark);

6. D raft f under’s r eport a nd m anuscript r eporting r eview;
7. D efine aims/objectives/design for a grant application to
   begin developing/evaluating; innovative
   tool/intervention/s to foster and sustain family-focused
   L T C care across the life-course.
WHITE ROSE PROJECT TEAM MEMBERS

Professor Veronica Swallow, Principal Investigator (PI), Professor of Child & Family Health, School of Healthcare, University of Leeds;
Professor Angela Tod, Co-Investigator, Professor of Older People and Care, School of Nursing & Midwifery, University of Sheffield;
Dr Joanna Smith, Co-PI, Project Coordinator, Lecturer in Children’s Nursing, School of Healthcare, University of Leeds;
Dr Linda Milnes, Co-Investigator & Patient and Public Involvement (PPI) Lead, Associate Professor in Children’s & Young People’s Nursing, School of Healthcare, University of Leeds;
Dr David Saltiel, Co-Investigator, Lecturer in Social Work, School of Healthcare, University of Leeds;
Dr Alison Rodriguez, Co-Investigator, Lecturer Child and Family Health, School of Healthcare, University of Leeds;
Professor Yvonne Birs, Co-Investigator, Co-Director of Social Policy Research Unit, University of York;
Professor Penny Curtis, Co-Investigator, Professor of Child and Family Health and Wellbeing, School of Nursing & Midwifery, University of Sheffield;
Dr Parveen Ali, Co-Investigator, Lecturer, School of Nursing & Midwifery, University of Sheffield;
Dr Jill Thompson, Co-Investigator & Co-PPI Lead, Lecturer, School of Nursing & Midwifery, University of Sheffield;
Professor Sue Kirk, Co-Investigator, Professor of Family and Child Health, School of Nursing, Midwifery and Social Work, University of Manchester;
Professor Bryony Beresford, Co-Investigator, Co-Director of Social Policy Research Unit, University of York.

THE VENUE

Devonshire Hall, situated in a quiet residential area just one mile from the main University of Leeds campus; the traditional ‘Oxford’ style hall created a welcoming and friendly atmosphere for the workshop participants to engage and share ideas about family focused care.

WEB PAGE

ORGANISATION

Dr Joanna Smith was the overall coordinator of the event with administrative support from Suky Sihra.

Professors Veronica Swallow and Angela Tod organised the workshop programme and co-chaired the event.

Dr Linda Milnes and Dr Jill Thompson led and supported the service user and carer involvement.

TWITTER

Key messages were shared using Twitter:
@UoLchildnursing
#CYP UoL
THE PROGRAMME

School of Healthcare
FACULTY OF MEDICINE AND HEALTH

UNIVERSITY OF LEEDS

Fostering and sustaining UK, multidisciplinary, family-focussed care across the life-course: A White Rose collaboration in long-term condition management

A WHITE ROSE COLLABORATION PROJECT

Venue: Devonshire Hall - University of Leeds http://www.medsinleeds.co.uk/devonshire-hall
Co-Chairs: Professor Veronica Swallow (VS), University of Leeds Professor Angela Tod (AT) Sheffield University
Aims of the Workshop: To explore and discuss family focussed care across the life-course in the UK and engage with the most recent evidence around family focussed care; identify an action plan for a future research proposal

DAY 1 Monday 7th November 2016 Fenton room: workshop
Byford room: registration, breakout & lunch

<table>
<thead>
<tr>
<th>09.30</th>
<th>Coffee/Tea/biscuits on arrival</th>
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<tbody>
<tr>
<td>10.00</td>
<td>Introduction VS / AT</td>
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<tr>
<td>10.05</td>
<td>Professor Andrea Nelson, Head of School of Healthcare and Deputy Dean, Faculty of Medicine; Welcome to the University of Leeds</td>
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<tr>
<td>10.10</td>
<td>Setting the scene: Why Family Focussed Care political, practical and policy perspectives, aims for the two days</td>
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<td></td>
<td>VS and AT</td>
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<td>10.30</td>
<td>THEME 1: The empirical evidence for family focussed care</td>
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<td></td>
<td>Professor Linda Shield, Charles Sturt University, Australia. The international evidence: Cochrane reviews of Family Centred Care</td>
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<tr>
<td>10.30</td>
<td>2 minutes for points of clarification from audience</td>
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<tr>
<td>10.50</td>
<td>Dr Joanna Smith, University of Leeds</td>
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<td></td>
<td>Developing a protocol of a Systematic Review of Family focussed care in the UK</td>
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<td>10.50</td>
<td>2 minutes for points of clarification from audience</td>
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<tr>
<td>11.10</td>
<td>Discussion / Q&amp;A around both presentations led by AT / VS</td>
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<tr>
<td>11.30</td>
<td>Coffee / Tea</td>
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Continued

| 11.45 | THEME 2: Models of family focussed care: Concepts, Implementation, and Evaluation |
|       | Professor Kathy Kraft and Professor Marcia van Ripor, University of North Carolina at Chapel Hill, USA |
|       | Family Research: Conceptual and Methodological Issues |
|       | 2 minutes for points of clarification from audience |
| 12.15 | Dr Ostergaard, University of Southern Denmark |
|       | Developing family-centred nursing in Denmark |
|       | 2 minutes for points of clarification from audience |
| 12.25 | Discussion / Q&A around both presentations led by AT / VS |
| 12.45 | Buffet lunch |
| 13.45 | Introduction to afternoon session AT / VS |
| 14.00 | Small group discussions around themed issues arising from morning discussions |
| 14.45 | Group feedback from table discussions |
| 15.00 | Outline plans for Day 2 |
| 15.30 | Coffee / Tea and space for talking |
| 16.30 | Close |
| 17.30 | Optional early dinner at Brasserie Blanc, Victoria Mill, Sovereign St. Leeds LS1 4BJ |

DAY 2 Tuesday 8th November 2016 Evans room: workshop, breakout & lunch

| 9.00 | Coffee/Tea/biscuits on arrival |
| 9.30 | Summary from Day 1 and refocus AT / VS |
| 9.45 | Kathy Kraft & Marcia van Ripor |
|      | Using Conceptual Frameworks to Guide Collaborative Research Endeavors |
| 10.00 | Question Time. Expert discussion panel comprising Kathy, Marcia, Linda, Berte |
| 10.30 | Coffee |
| 11.00 | Experts’ surgeries (individual appointments) |
| 11.30 | Summing up and close VS, AT, JS |
| 12.00 | Buffet Lunch |

Notes and thoughts
PARTICIPANTS

There were 26 participants at the event from a range of backgrounds with personal and professional experiences of family-focused care across the life-course.

Expert speakers

<table>
<thead>
<tr>
<th>Professor Linda Shields</th>
<th>Charles Sturt University, Australia</th>
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<tr>
<td>Professor Kathy Knafli</td>
<td>University North Carolina</td>
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<tr>
<td>Professor Marcia van Riper</td>
<td>University North Carolina</td>
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<tr>
<td>Dr Birte Ostergaard</td>
<td>University of Southern Denmark</td>
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Patient Public Involvement (PPI) and Engagement Representatives

We were delighted that our PPI members were able to attend the workshop, sharing their experiences, offering suggestions and adding humour to the event.

<table>
<thead>
<tr>
<th>Kausar Iqbal</th>
<th>Arthur Pitchforth</th>
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<tr>
<td>Gulnaz Ahmed</td>
<td>Mary Pitchforth</td>
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<tr>
<td>Val Littleton</td>
<td>Simon Stones</td>
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<td>Manoj Misrty</td>
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Delegates

<table>
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<tr>
<th>Dr Parveen Ali</th>
<th>University of Sheffield</th>
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<tr>
<td>Dr Anne Broedsgaard</td>
<td>University of Copenhagen</td>
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<tr>
<td>Professor Penny Curtis</td>
<td>University of Sheffield</td>
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<tr>
<td>Dr Christine English</td>
<td>University of Northumbria</td>
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<tr>
<td>Dr Paul Galdas</td>
<td>University of York</td>
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<tr>
<td>Gayle Garland</td>
<td>University of Leeds</td>
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<tr>
<td>Kausar Iqbal</td>
<td>PPI representative</td>
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<tr>
<td>Mrs Val Littleton</td>
<td>PPI representative</td>
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<tr>
<td>Dr Sarah Kendall</td>
<td>University of Huddersfield</td>
</tr>
<tr>
<td>Professor Sue Kirk</td>
<td>University of Manchester</td>
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<tr>
<td>Dr Linda Mihalas</td>
<td>University of Leeds</td>
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<tr>
<td>Manoj Misrty</td>
<td>PPI representative</td>
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<tr>
<td>Dr Sarah Neil</td>
<td>University of Northampton</td>
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<tr>
<td>George Peat</td>
<td>PhD Student, University of Leeds</td>
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<tr>
<td>Claire Pickerdene</td>
<td>White Rose</td>
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<tr>
<td>Dr Alison Rodriguez</td>
<td>University of Leeds</td>
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<tr>
<td>Dr Jo Smith</td>
<td>University of Leeds</td>
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<tr>
<td>Simon Stones</td>
<td>PhD Student, University of Leeds &amp; PPI representative</td>
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<tr>
<td>Professor Veronica Swallow</td>
<td>University of Leeds</td>
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<tr>
<td>Beth Taylor</td>
<td>PhD Student, University of Sheffield</td>
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<tr>
<td>Dr Jill Thompson</td>
<td>University of Sheffield</td>
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<tr>
<td>Professor Angela Tod</td>
<td>University of Manchester</td>
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</table>
A WARM WELCOME

Professor Andrea Nelson, Head of the School of Healthcare and Deputy Dean, Faculty of Medicine, University of Leeds welcomed our expert speakers from the USA, Australia and Denmark to England, and all attendees to Leeds and the University. She emphasised the importance of family nursing and health care across the life-course to the School, Faculty, University, the wider HE sector and the NHS.

Andrea reinforced our goal of promoting and embedding family focused health care for people in the UK and across the life-course who are living with long-term conditions, and wished everybody a very successful and enjoyable two days.

SETTING THE SCENE

The workshop was co-chaired by Professors Veronica Swallow and Angela Tod.

Veronica and Angela opened the event with an introductory session on: Setting the scene: Why Family Focused Care? Political, practical and policy perspectives, and set out the aims for the two days. They highlighted that long-term conditions in early-life can affect individuals’ health and wellbeing across the life-course, and that around 15 million people in England live with one or more long-term conditions so family members may contribute to their care.

This means that one person’s long-term conditions can impact on the whole family’s health and wellbeing and of course families respond differently to long-term conditions, yet family response can be closely related to outcomes.

Veronica and Angela highlighted that family relationships have the potential for health-promoting effects, yet because family-focused care across the life-course is not central to the NHS, little is known about how UK health and social-care professionals understand family-support, how family-life, family-health and social-care intersect and what tools exist to support/promote family-focused care for those with long-term conditions across the life-course. Finally they detailed the wider objectives for this White Rose collaboration Project (page 1).

THEMES

The workshop presentations were grouped into two themes:

The empirical evidence for family focused care

Models of family focused care: Concepts, Implementation, and Evaluation

Page 7 - 8 provide a summary of the workshop presentations; the full presentations can be accessed at: https://www.white rose.ac.uk/collaboration funds/fostering-and-sustaining-uk-multidisciplinary-family-focused-care-across-the-life-course.
P E R O.

**THEME 1: Professor Linda Shields, Charles Sturt University, Australia**

The International evidence: Cochrane reviews of Family Centred Care

Linda set the scene for our workshop by describing a Cochrane Review on family centred care (FCC) for hospitalised children aged 0–12 years that she led in 2012. Inclusion criteria were: Randomised controlled trial (RCT), children aged 0–12 years and admitted to hospital where a FCC intervention was reported to be implemented. The FCC score assessed using a recognised tool needed to be > 26. Types of intervention could include:

- Environmental interventions as evidenced by collaboration with the family and/or child in the design or redevelopment of facilities;
- Family-centred policies, which may include open visiting hours for siblings or extended family, and parent participation in their child’s care to the extent they choose. Communication interventions could include parental presence and participation at daily inter disciplinary ward rounds and family conferences to plan future care, developing collaborative care pathways where both parent and/or child and health care document issues and progress;
- Educational interventions could include structured educational sessions for parents of technologically dependent children, programs to equip staff to provide care within a family-centred framework, and preadmission programs;
- Family support interventions such as flexible charging schemes for poor families, referrals to other hospital or community services.

16 studies were included (1 x Cochrane review, 1 x quasi experimental study and 14 x qualitative studies). Quality was assessed using Cochrane Risk of Bias assessment tools. In conclusion Linda explained that parents wish to participate in their hospitalised child’s care. However the nature and extent of this involvement has to be negotiated on an individual family basis. Although it appears that nurses and other health care professionals have a reasonably good understanding of the elements that constitute family-centred care, incorporation of these into practice is not uniform. The difficulty is that the change requires challenging professional power.

Reference:


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**THEME 1: Dr Joanna Smith: Summarise and synthesise findings of systematic reviews of family-focused care and related terms**

Jo is leading the review with support from Information Specialists in Leeds Institute of Health Sciences at the University of Leeds and began by outlining the questions guiding the review:

1. How is family-focused care (FFC) defined?
2. What other constructs are related to FFC, specifically FCC, family-focused practice (FFP) and family-centred practice (FCP)?
3. What models of FFC exist across the life-course in health & social care to support people with long-term conditions within the UK?
4. What interventions, if any, have been developed to support FFC across the life-course for people with long-term conditions?
5. What is the evidence that FFC interventions to support people with long-term conditions across the life-course are cost and clinically effective?

Jo explained that the working definition guiding this review is:

Family-focused care is an approach to care delivery, whereby health professionals respect and respond to the needs of the patient and their family as a complete unit, recognising the family role in supporting and being involved in care.

Inclusion criteria, studies:

- Across the life-course - adults and children with a long-term condition;
- That have evaluated: 1) Family-focused care; 2) Family-centred care; 3) Family-centred practice; 4) Family-focused practice in relation to;
  - Interventions (for example family therapy, support, counseling, education);
  - Family experiences and perspectives;
  - Health or social care professionals’ experiences and perspectives;
  - Across health and social care contexts.

The next stages of the review were outlined:

- Finalise review protocol, publish in PROSPERO and develop screening tool & data extraction template;
- Undertake review & disseminate findings in a high impact journal;
- Develop a database of published research on family-focused care & related terms;
- Identify position of family-focused care in the UK family;
- Set objectives for future collaborative grant applications around support strategies for long-term conditions.
THEME 2: Professor Kathy Knafl and Professor Marcia van Riper, University of North Carolina at Chapel Hill, USA Family Ties:
A Discussion of Strategies for Building a Research Cooperative

Kathy and Marcia drew on their own family research that is widely cited in the literature to explore and discuss two potential strategies for us to consider as we build a UK research cooperative:

**Strategy 1 - Identify an Organizing Framework**
Drawing on examples such as the Self and Family Management Framework (Grey et al 2014), in particular viewing environment as a facilitator or barrier, and considering family outcomes, they suggested that a general organizing framework can:
- Foster positioning of each member’s research in the context of the group;
- Highlight underlying shared interests;
- Accommodate a broad spectrum of family research interests;
- Encompass multiple health challenges and methodological approaches.

**Strategy 2 - Shared Measures of Family Functioning:**
The National Institute of Health (NIH) definition of common data elements (CDEs) is ‘a data element that is common to multiple data sets across different studies’ (http://www.nlm.nih.gov/cedm/National Institutes of Health, 2014 a, b).

CDEs are generated from the same set of instruments used to consistently measure a set of concepts of interest to many researchers. Comparison of data across studies is more accurate and relevant when researchers are investigating questions using the same data elements and measures.

**Reviews of Established Self-Report Measures of Family Functioning include:**
- Family Assessment Device (FAD)
- Family Assessment Measure (FAM)
- Family Relations Index (FRI)
- Family Environment Scale (FES)
- Self-Report Family Inventory (SFI)
- Family Adaptability and Cohesion Evaluation Scale (FACES)
- Systemic Clinical Outcome and Routine Evaluation (SCORE)
- Family APGAR (APGAR)
- Feetham Family Functioning Scale (FFFS)
- McCubbin Framework Scales (McCubbin)

Discussion focused on the ways in which this White Rose collaboration can go forward to shape our strategy.

THEME 2 - Dr Ostergaard, University of Southern Denmark
Developing family-cardiology nursing in Denmark

Birte outlined a recently completed study she led in Denmark that aimed to study the effect of two methods of treatment for heart failure:

- Conventional treatment with referral to heart failure clinics;
- Family Focused Nursing as supplement to conventional treatment of outpatients in heart failure clinics.

**Primary outcomes**
Health Related Quality of Life at 3 months, 6 months and 1 year follow-up

**Secondary outcomes**
Self-care behavior (self-care, family resources, self-efficacy and depression)
Time to occurrence of readmission
Time to occurrence of readmission for heart failure
Time to occurrence of death

468 consecutively enrolled patients were randomly allocated to two groups by external web-based randomization and stratified for affiliated center and NYHA classification.

**Family interventions used included:**
- CFAM - Calgary Family Assessment Model

Birte explained that so far she has presented the study at six international conferences and an abstract was submitted to the next International Family Nursing Conference in Spain 2017 to present the results regarding the primary outcomes about health related quality of life. The first article regarding validity and reliability of the Danish version of the European Heart Failure Self-care Behaviour scale was recently published:

**Reference:**
KEY MESSAGES FROM GROUP DISCUSSIONS

Discussion points from the PPI group led by Linda Milmes and Jill Thompson with Val Littleton, Kauser Iqbal, Manjoi Mohammed, and Gulnesh Ahmed included:

- Differences exist within and across families - and change over time so a responsive approach is needed;
- The impact of the geographical positions of family members who are involved in family management;
- The impact of caring for someone is often underestimated or not recognised – creates ill health and stress;
- Whose employment options/income may be restricted by caring responsibilities;
- Families/carers may go outside of the family for support if a PA is being employed for example ‘Carers Leeds’?
- Important to educate health professionals on how to help carers - signpost to available groups;
- Regular definition and re-definition of family; Think about looking at family as a unit with all their health needs;
- To tackle the above we need to be reflexive practitioners and researchers and challenge any spoken or unspoken assumptions about FFC that may exist.

Core principles of reflexive Family Focused Practice:
- Based on sound assessment;
- Participatory practice/research;
- Empowering and reflexive;
- Services that are scalable, affordable and sustainable;
- Whole systems approach - can’t just be patchy activity, need to link with relevant services/processes.

Assumptions about Family Focused Practice include:
- Family is an appropriate ‘unit of care’;
- Everybody has a family;
- Family will be able to help;
- Family intervention/care/focused care will be positive;
- The family environment is good/nurturing;
- Family is safe and benevolent;
- Home is the best place for someone with long-term conditions.

Questions to be addressed:
- What do we mean by family?
- How do we reduce isolation and/or stigmatization of carers and promote their choice, dignity and privacy?
- What are family members’ perspectives of family focused practice and knowledge of existing local support?
- How is community care integrated into family focused care?
- How to respond to changes to family units, e.g. increase in the geographical dispersion of family members?
- What might be the unintended consequences of family focused care?
- How to manage assumption that siblings will automatically take on the caring role at age 18 and/or resentment from children over parents’ caring role?
- How do we promote being a reflexive family focused practitioner whilst resources are being reduced?
- How can assumptions about family focused care be addressed; for example where there are issues of mental capacity.

8
**Criticisms of Family Focused Care Include:**

- It is about shifting responsibility from professionals to family who are already fatigued by care responsibilities;
- Family focused care involves making people’s narratives public;
- At extremes of the life-course for example for old/young people, those with/without capacity, it is easier to be clear about who makes decisions and how family focused care can make a contribution. It is less clear for those at other stages;
- If we assume family focused care is ‘a good thing’ and orientate care in a family focused care way, there is a risk of inequality; those without family or with challenging family may struggle to access care;
- Where safeguarding issues emerge family focused care may be complex;
- Family focused care should be empowering but need to make sure that services are there to respond to action taken by families.

**Challenges of Family Focused Care Include:**

- How to deal with conflicting needs/goals/views within the family and how that is accounted for in family focused care;
- Incorporating social and political influences on health and wider determinants;
- Family focused care may mean challenging some coping behaviors that emerge from underlying attitudes and values e.g. privacy, protecting independence, preserving dignity. Interferring with these may have adverse consequences;
- Family focused care may uncover conflicts e.g. protecting rights of the individual versus family, changing power dynamics, communication and information sharing between patient/family. Where issues of mental capacity apply this is more complicated;
- Balancing risks/benefits of family focused care and moral judgments by society/professions/services for example obesity.

**Workshop Summary**

The workshop has paved the way for the project team to begin defining aims, objectives and research designs for future grant applications in order to consider how best to develop/evaluate innovative tools/interventions to foster and sustain family-focused LTC care across the life-course.

Feedback from the workshop highlights the value of a collaborative venture such as this, e.g. one participant said:

_Thank you for inviting me to attend the workshop: it was excellent and very inspiring to be part of the discussions. Very keen to be involved in any way that is appropriate - lots of food for thought. So good to see everyone and make those connections too. Well done to you and your team for the friendly feel and efficient organisation of the event._

**Future actions include to:**

- Identify: a unifying framework, core measures, a data sharing strategy, creative dissemination methods, and ways to maintain contact with international experts and lay representatives and a mechanism to share research ideas and identify priorities.

**Building on the workshop we have created:**

- A ‘virtual’ international group of family-focused researchers and educators to begin addressing key research questions that we identified during the workshop

- A group of interested and experienced service users and carers who will guide and advise us and collaborate on future project
SELECTED FAMILY REFERENCES
FROM KATHY KNAFL

NATURE & PURPOSE OF FAMILY RESEARCH


CONCEPTUAL UNDERPINNINGS OF FAMILY RESEARCH


General Design Issues in Family Research


Q u a l i t a t i v e  & M i x e d M e t h o d s Family Research


**Quantitative Family Research**


Measurement of Family Variables


Intervention Research with Families


Research Reports of Family and Dyadic Studies


Family Synthesis Research


http://systematicreviewjournal.com/content/1/1/28


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