

Engaging Families as Partners – Part 1

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Agenda

1

The core principles for meaningfully engaging families as partners

2

The value of partnerships with families to institutional culture and practice

3

Evidence informed practices for engaging families in child/youth mental health care

4

Methods for engaging, supporting and retaining family experience and expertise in receiving services

5

Opportunities to engage family members in all aspects of program, management and policy

6

Family-run organizations as resources for cross-system family outreach and engagement

Engaging Families as Partners:

Strengthening Services, Communities & Systems

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Family Run Executive Director Leadership Association
November 2020

Poll #1

Currently, what role do you have?
(pick all that apply)

- ☐ Family/parent peer support
- ☐ Youth peer support
- ☐ Peer support
- ☐ Clinician
- ☐ Medical doctor
- ☐ Supervisor/Administrator
- ☐ Local/State Government
- ☐ Other (please put in chat!)

Learning Objectives

Participants in the 2-part series will:

- Identify core principles for meaningfully engaging families as partners
- Describe the value of partnerships with families to institutional culture and practice
- Specify evidence informed practices for engaging families in child/youth mental healthcare
- Utilize methods for engaging, supporting and retaining family experience and expertise in receiving services
- Recognize opportunities to engage family members in all aspects of care, program management and policy

Why this Topic?

- One of the underpinnings of a system of care requires the meaningful engagement of families
- Family engagement is often overlooked or addressed late in the process
- It is essential for sustainability
- When families are engaged in their child's care, the child has better outcomes
- Policy-makers, researchers and practitioners increasingly understand family engagement as an evidence-informed best practice and as an integral component of the ideal model of service delivery

(Chovil, 2009; MacKean et al., 2012; Manion & Smith, 2011)

Families Define their Members



“Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one. Families are big, small, extended, nuclear, and multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support.... A family is culture unto itself, with different values and unique ways of realizing its dreams; together, our families become the source of our rich cultural heritage and spiritual diversity.... Our families create neighborhoods, communities, states, and nations.”

— Polly Arango, Family Advocate and Co-founder
Family Voices, Algodones, NM (1942-2010)

Families are a Unique Resource

- Families are sometimes the only constant in the equation for children's mental health.
- Successfully engaging families requires us to go above and beyond relationships; it calls for policies, protocols and processes that encourage, support and sustain an investment in their contributions.

Involvement > Engagement

<https://tats.ucf.edu/wp-content/uploads/sites/9/2018/03/05.2-parent-engagement-head-start.pdf>

Examples that illustrate the shift

PARENT INVOLVEMENT

- Parent Involvement is primarily the responsibility of family services staff (or parent involvement specialists, home visitors, or transition specialists)
- Parent involvement might revolve around outputs—for example, the number of parents who show up at a meeting.
- Parent involvement works with a small % of families involved in leadership opportunities (policy council, parent meetings, special events)
- Programs that involve parents collect data from children and families—for example, information about parent participation.

FAMILY ENGAGEMENT

- ▶ Family engagement is embedded in the work of all staff members, management systems and leadership priorities.
- ▶ Family engagement focuses on evidence of positive, goal directed relationships, for example, that result in family progress in one (or more) of the seven outcome areas.
- ▶ Through ongoing relationships, family members are engaged in a variety of goal directed ways related to Parent and Family Engagement Outcomes.
- ▶ Programs that engage families use child and family data to improve services. These programs help families understand and use child data to support their children's progress and development.

Involvement > Engagement > Partnership

- Redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings.
- In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making.
- A key goal is to promote the health and well-being of individuals and families and to maintain their control.



Poll #2

Do you have strategies for achieving partnership with families?

(select best match, use chat to describe strategies)

-
- ☐ Yes, well developed
 - ☐ Somewhat developed
 - ☐ We just started
 - ☐ I'm not sure
 - ☐ None

Prerequisites

- Commitment of leadership
- Commitment of resources – funds
- Commitment of staff time – training and meaningful engagement
- Not responsibility of one person or one department – shared responsibility
- Written policies and procedures
- Not an add-on

Value of Family Partnership

Changes

- Institutional culture
- Institutional practice

Builds

- Awareness, understanding & self-efficacy
- Sense of community
- New practices & policy for better servicing youth & families

Improves

- Individual outcomes
- Organizational outcomes

Informs

- Resource realignment & service development
- Research & evaluation
- Public policy

TRANSFORMS

Core Concepts of Family Partnership

Dignity and Respect. Health care practitioners listen to and honor patient and family perspectives and choices. Family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing. Health care practitioners communicate and share complete and unbiased information with families in ways that are affirming and useful. Families receive timely, complete and accurate information in order to effectively participate in care and shared decision-making.

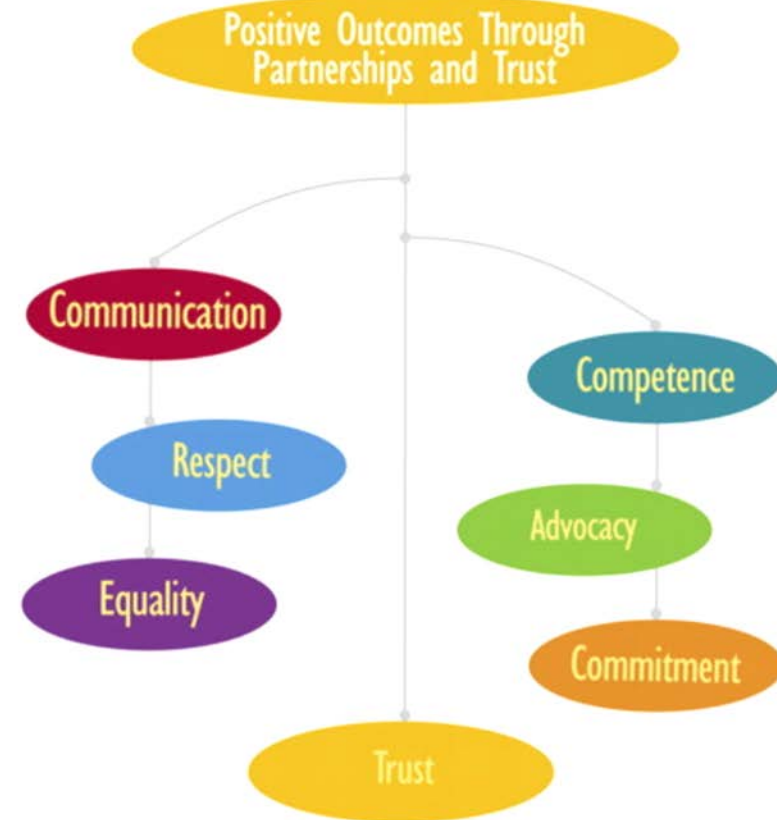
Participation. Families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration. Families, health care practitioners and health care leaders collaborate in policy and program development, implementation and evaluation; in research; in facility design; and in professional education, as well as in the delivery of care.

Principles for partnerships with families

Turnbull, A.P., Turnbull, H.R., Erwin, E., and Soodak, L., Shogren, K. (2015). *Families, professionals, and exceptionality: Positive outcomes through partnerships and trust* (7th ed.). Boston, MA: Merrill/Prentice Hall.

Families, Professionals, and Exceptionality



Seventh Edition

Ann Turnbull | Rud Turnbull | Elizabeth J. Erwin | Leslie C. Soodak | Karrie A. Shogren

Communication & Competence

- Effective communication stems from the ability to listen, to be friendly, to be honest, to be clear, and to take responsibility for providing and coordinating information for one another.
- The most competent among us are the professionals who distinguish themselves by going above and beyond to search for answers to questions and dilemmas posed to them in their practice.

Respect & Commitment

- Demonstrate mutual respect by holding one another in high esteem and model this in interactions.
- Acknowledge the strengths of a family even in their times of struggle, and to honor cultural diversity.
- Commitment to be available and accessible.

Equality & Advocacy

- Move from hierarchical presumption about who holds power in making decisions and foster consensus-based decisions through shared power.
- Advocacy that pursues win-win situations where each participant sees value in the solution rather than pursuing problem-solving approaches that pit one side against another.

Trust: the Cornerstone of Partnership

People who garner trust are those who keep their word because they are committed to doing so, use sound judgment when making decisions, respect the privacy and confidentiality of one another, and ultimately build self-efficacy by learning to trust in themselves.

Putting it into Practice

- ✓ Meet families where they are
- ✓ Connect families with parent peer support
- ✓ Attend to equity
- ✓ Set realistic expectations with the family
- ✓ Keep in mind the whole child and whole family
- ✓ Develop procedures for smooth transitions in care
 - coming in and leaving

Outreach Strategies

Tip sheet on strategies for reaching families:

[https://www.fredla.org/wp-content/uploads/2015/09/Outreach-to-Families FREDLA-2016.pdf](https://www.fredla.org/wp-content/uploads/2015/09/Outreach-to-Families-FREDLA-2016.pdf)

Family-Run Executive Director Leadership Association



TEN TIPS For Outreach to Families

Family-run organizations have a rich history of connecting with families to share information about services and supports available through their organizations. Experienced family leaders contributed the following tips for effective outreach to families based on their work in communities, regions and states.

- 1 Community Events**
Participate in events at libraries, food banks, health fairs, at school events, music and art events, and pow wows. Set up displays with information and have activities for kids, such as balloons, face painting or coloring, to attract families to the table.
- 2 Social Media**
Utilize social media to reach families through e-newsletters. Create a video on YouTube. Post resources on websites. Send updates on Facebook and Twitter. Solicit input from families through online survey tools and chat lines.
- 3 Activities**
Host family social and recreational activities such as potluck suppers, picnics, holiday parties, craft activities, and back to school events. Combine educational programs with activities that bring families together for social and emotional support.
- 4 Supports**
Offer on-site childcare with licensed providers or stipends for families to pay for childcare. Provide transportation for families that don't drive or own a car. Offer snacks or a light meal. Choose a location that is non-threatening and inviting to families and accessible for individuals with disabilities.
- 5 Diversity**
Understand and respect the community's traditional knowledge and wisdom about how mental health is viewed and treated. Ensure staff and board members reflect the cultural and linguistic diversity of the families served. Develop materials and trainings in multiple languages. Provide translation services for non-English speaking families.
- 6 Partners**
Develop partnerships with providers, ethnic and cultural groups, advocacy organizations, faith communities, police, child-serving agencies and post-secondary institutions. Share resources and participate on committees or workgroups. Set up a referral process for families.
- 7 Incentives**
Provide gift cards or gift certificates from local merchants or stipends to encourage families to participate. Give away small prizes at the end of the group or program. Give families a meaningful role, such as planning and co-leading the group so they feel valued and can contribute.
- 8 Promotion**
Post flyers and brochures in locations families naturally visit, such as schools, child care centers, grocery stores, barber shops/salons, and pediatricians' offices. Offer to make presentations at agency staff meetings, school events, and conferences.
- 9 Appreciation**
Acknowledge families for their contributions, recognizing their strengths, experience and expertise through special awards, articles in newsletters and pictures on Facebook. Invite families to tell their story at public events.
- 10 Celebrations!**
Celebrate successes with families, milestones for the organization, the beginning of school, the end of school, the seasons, and holidays: Hanukkah, Christmas, Kwanzaa, Ramadan, Juneteenth, Cinco de Mayo and any special day of the year.

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**How has COVID
changed the way your
organization
welcomes families?**

2019-20

Service Arena: Points to Ponder

- Families care about having a say in their child's treatment plan (Tambuyzer & Van Audenhove, 2013)
- The quality of the relationship between service providers and families influences treatment engagement dramatically (Gopalan et al., 2010; Thompson, Bender, Lantry, Flynn, 2007)
- Families are likely to withdraw from services if they feel excluded by service providers (Gopalan et al., 2010; Thompson et al., 2007)
- A family's worldview and cultural beliefs can affect their engagement (Gopalan et al., 2010; McCabe, 2002)



Families Receiving Services: Strategies

- Acknowledge and respond to what families say they need
- Provide information for families to engage in shared decision making
- Tailor culturally responsive services to meet their needs
- Understand possible barriers to engaging and develop solutions
- Work to collaboratively define clear expectations

Families Receiving Services: Examples

- Engaging in decisions about their child's care and ensuring continuity
- Providing key information to inform treatment goals and key elements of the plan of care
- Identifying challenges and quality issues

Families who are Agency Staff: Strategies

- Engage families in developing agency policies, practices and tools
- Provide clear expectations, job descriptions, policies, workflows & protocols
- Provide training to support family staff to achieve program goals
- Support supervisor knowledge and skills for effectively working with family staff

Families who are Agency Staff: Examples

- Peer welcoming & intake
- System navigation
- Care coordination
- Support and preparation for engagement in child serving systems such as child welfare, juvenile justice and education
- Informing agency process, protocols and policy decisions to facilitate family engagement

Management Arena: Points to Ponder

- Requires leadership to infuse a core set of values for family engagement that are reflected in the agency's vision, mission and goals (Building Bridges Initiative, 2012; Ferreira, 2011; Law et al., 2003b; MacKean et al., 2012)
- A study of 37 mental health agencies, families' participation in program evaluation increased both the amount and the quality of data collected (Osher et al, 2001).

Poll #3

Please share your strategies for supporting management!
(select all that apply)

- ☐ Families as part of quality improvement processes
- ☐ Families as evaluators of system performance
- ☐ Families as trainers in training activities
- ☐ Families as advisors to selecting personnel
- ☐ Families as co-drafters and reviewers of requests for proposals
- ☐ Families as liaisons or administrators
- ☐ Other (please put in chat!)

Management Arena: Strategies

- Provide training, mentoring and coaching
- Engage families as trainers and co-trainers
- Support families to translate agency materials and trainings to include family examples
- Ensure that families understand the process, the scope of their role
- Provide information about fair hiring practices
- Ensure families reflect the broadest collective experience possible
- Help families understand agency language, rules, etc.

Management: Examples

- As part of quality improvement processes
- As evaluators of system performance
- As trainers in training activities
- As advisors to selecting personnel
- As co-drafters and reviewers of requests for proposals
- As family liaisons or administrators



Consider Culture

- Family culture
- Agency culture
- Your culture

The background of the slide features a blue-tinted photograph of two women. The woman on the left is wearing a light-colored blazer over a polka-dot shirt and is pointing her right hand towards the right side of the frame. The woman on the right is wearing a patterned blazer and is smiling. The overall image has a professional and collaborative feel.

Strengthening Services, Communities & Systems

Resources

- ✓ **Family Engagement in Systems Infographic:**
<https://www.fredla.org/wp-content/uploads/2019/12/Family-Engagement-v8-1.pdf>
- ✓ **Family Voice on Councils & Committees (FAM-VOC) Assessment Tool** – contact Malisa Pearson at mpearson@fredla.org
- ✓ **Supporting Family Participation in Systems of Care:**
<https://www.fredla.org/wp-content/uploads/2018/06/SupportingFamily-2017-Revised2018-newlogo-print-1.pdf>

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Ontario Centre of Excellence; Evidence In-Sight: Best Practices in Engaging Families in Child and Youth Mental Health

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THANK YOU!

FREDLA Team



Questions?



Thank you!

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About the presenters



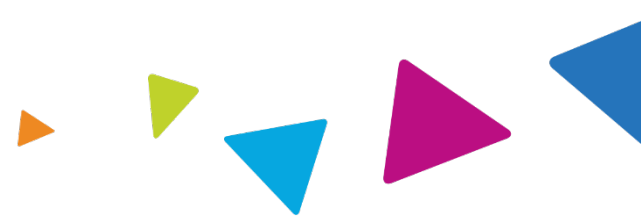
Pat Hunt is the executive director of FREDLA, the national Family Run Executive Director Leadership Association, a non-profit union of leaders of grassroots family-run organizations across the nation. Along with her lived experience as a parent, Pat brings over 25 years of experience promoting and advancing positive outcomes for children with behavioral health needs and their caregivers. During this time, she had extensive experience overseeing both federal and state grants and served as the founding director of a family-run organization.

Pat has provided technical assistance in 42 states regarding policy issues that affect children's behavioral health. Her skilled facilitation has helped families, state and local leadership develop and sustain best practices through local systems of care for children, adolescents and their families. Her leadership at a Managed Care Organization advanced national recognition and solution building in arenas such as the appropriate use of psychotropic medication with children and youth, and with outcomes and efficiencies associated with preventing undue reliance on out-of-home care.

Pat's experience includes over 10 years in a corporate leadership role at Magellan HealthCare to advance best practices for children, youth and their families and to ensure that their experiences informed policies, practices and program development. She previously held a senior leadership position as a conduit for local grassroots experience to inform national policy decisions at the Federation of Families for Children's Mental Health. The foundation of her career was built on personal experience and the delivery of parent support. Pat has served as a VISTA Volunteer; directed a three year federally funded rural substance abuse prevention project; managed a statewide family-run organization, served as president of the Maine's mental health planning council and was the only non-state employee member invited to the Governor's Children's Cabinet.

Pat served as a member of the steering committee for Georgetown University's Communities Can Leadership Academy and as faculty to several Policy Academies & Training Institutes. Pat was appointed by the President of Maine's Senate to a Legislative committee charged with oversight of landmark legislation for children and youth with behavioral health challenges and is a past nominee for both the Robert Woods Johnson and Lewis Hine Awards for Service to Children and Youth.

About the presenters



Jane Walker, MSW is a founder and for six years served as the first executive director of the Family-Run Executive Director Leadership Association (FREDLA). Ms. Walker now serves as senior advisor to the organization. Prior to FREDLA, Ms. Walker was the founder and former executive director of the Maryland Coalition of Families for Children's Mental Health, the statewide family network in Maryland. She brings 30 years' experience in the non-profit world and most importantly 30 years caring for her daughter, Cathy, who experienced mental health challenges at a very young age. In 1999, the Mental Hygiene Administration in Maryland provided funding to establish a statewide family organization. Jane was hired as the first executive director and from one person grew the organization to a 45 family member staff who provide peer-to-peer support to other families in similar situations. Ms. Walker was also one of the founders of the National Federation of Families for Children's Mental Health and served as the president of the board from 1993-95. Ms. Walker has a Bachelor's Degree from the University of Maryland Baltimore County and a Master's Degree in Social Work from the University of Maryland School of Social Work and is the recipient of numerous awards for her leadership and advocacy.



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