



Successfully Working with Family Partners

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“ We live in a world in which we need to share responsibility. It's easy to say 'It's not my child, not my community, not my world, not my problem.' Then there are those who see the need and respond. I consider those people my heroes.

”

Fred Rogers

Successfully Working With Family Partners

Family Partners can transform the way an organization thinks about and works with families. Family Partners are called by many names. Generally the first word in the title is family, parent or peer. This is paired with: liaison, specialist, advocate, partner, support, navigator or coordinator, terms which also describe some of the activities of the Family Partner. In Massachusetts, the term 'Family Partner' is used to describe the family peer support provided in wraparound and mobile crisis and funded through MassHealth. Other family peer support positions funded by state agencies are called 'Family Support Specialists' and 'Parent Coordinators'.

Family partners can serve as a tremendously effective bridge between a hospital, residential or community program and families. Their very presence tells families and staff alike that the organization values the expertise that comes from the day-to-day experience of raising a child with emotional or behavioral challenges. Family Partners offer families living proof that they can survive, regain a sense of normalcy, and thrive.

When families served in programs with Family Partners on staff are asked what their Family Partner did that helped the most, the most common answer has been that they gave them "hope".

When a hospital, residential or community program has Family Partners working as colleagues in partnership with clinical professionals, it immediately reduces the feelings of stigma and blame that families often feel. Family Partners are able to engage families quickly because they have been down the same road, often making it easier to build trust. They can be a consistent family voice in the organization, support each family to find their own voice, and participate as partners in developing a plan of care to help their family create a more positive future.

Defining the Role of the Family Partner

Family Partners provide what is often called peer parent support. A "parent" includes the child's birth, foster or adoptive parent or guardian - a person who, over time, has been the primary caregiver for the child. Over the past decade, there has been a growing interest in defining what makes this role both unique and effective. In 2007, the National Federation of Families for Children's Mental Health convened a workgroup (Critical Issues Guide, 2008) to share information, clearly define terms, and outline next steps regarding peer parent support programs. This workgroup defined a peer parent support provider as someone with:

- Current or previous experience raising a child or youth with emotional, behavioral or mental health challenges
- Current knowledge of the children's [mental health] system

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- Experience with and consciousness of the struggle and unique perspective of the parent

A Family Partner must have navigated the service system on behalf of their own child and family and be able to draw upon their personal experience to support, guide and empower other families.

The national workgroup outlined some of the common roles of a Family Partner. These include:

- Providing information, support and advocacy
- Helping the family navigate through the system
- Helping the family understand the options and make informed decisions
- Promoting partnerships between parents and other professionals.

Family Partners also promote self-care and wellness for parents and connect them to resources to help them accomplish their personal and family goals. Family Partners assist families to identify and build on their personal strengths and community supports. They use strategies that promote empowerment so the family is better able to advocate for themselves.

Family Partners can be found in many settings across the country. They often work on wraparound teams, and in independent family-run organizations,

An effective Family Partner possesses a combination of 'lived experience' and the ability to draw upon that experience in the service of other families.

courts, schools, community, residential and hospital programs. They may have additional responsibilities and goals defined by the program in which they work (e.g., residential, crisis unit, school) or by other agencies involved with the child or family (e.g., child welfare or juvenile justice). Some of this is simply the expected variation that comes with working in different contexts. However, it is very important for the Family Partner and the organizations for which they work to understand and deliberately 'stay true' to the role. This will keep the focus on promoting family involvement and empowerment and on infusing family voice throughout the organization.

There are many roles for Family Partners in addition to providing peer parent support. Family Partners are hired to develop and conduct training for parents and professionals, they participate in program reviews and offer input from a family perspective, they may be involved in program evaluation, they serve on committees and governing bodies, and they may have many other roles. Their personal experience and their connection to other families provide authenticity in each of these roles.

Preparing an Organization to Hire Family Partners

Before hiring Family Partners, organizations need to assess their readiness to fully support and effectively utilize these positions and develop an action plan to ensure readiness. Ideally, leadership will facilitate organization-wide discussions

and learning sessions on family-driven care, parent-professional partnership, and peer services. The Family Partner position will be much more effective if leaders are fully committed to supporting the level of organizational culture change that is necessary to become genuinely family-driven. This involves engaging all staff in the change process as well as providing training, coaching, and problem-solving support, both initially and over time.

It requires everyone to be "on the same page" in terms of understanding the Family Partner's role not only with families, but as a part of a larger effort to increase family voice and family involvement in all aspects of the program. Simply hiring Family Partners without this level of commitment is not effective.

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Some staff may endorse the concept in theory, but still resist the change of regarding parents as experts about their own children and families. They may not treat parents, including Family Partners, as full members of the team. Clinical staff may be uncomfortable with the idea that Family Partners disclose information about their own journey. They may be concerned about how to coordinate their work with the work the Family Partner is doing. Staff may wonder about their jobs and perceive the new Family Partners as a threat. Staff will need to be assured that the role of Family Partners is a unique role, distinct from others in the program.

All agency staff should receive an in-depth orientation about the role of the Family Partner. This should be conducted by a Family Partner and a senior member of the organization's leadership team. It should include how the Family Partner's personal experience is the foundation for their work, how their approach complements other services, and how their role differs from a clinical role. This orientation should explain how this unique approach blends personal experience and professional responsibilities.

In situations where this orientation has been neglected, Family Partners report that they are not respected and are less satisfied with their jobs. Good supervision and ongoing training is critical to shifting entrenched ways of thinking. It may also be helpful for organizations intending to hire their first Family Partners to invite teams from organizations that have successfully implemented Family Partners to come and talk about what the process was like for them and how it has benefited families.

As outlined in the section *Embracing Family-Driven Care*, organizations should review all of their policies and practices against the value of family-driven care. Family members currently being served and those recently served by the organization should be included in the review process. Rather than crafting different policies for Family Partners, organizations should consider how personnel policies can be modified to benefit all staff, including Family Partners. The organization's leaders must ensure that there is sufficient flexibility to allow Family Partners to fulfill their job

responsibilities and continue to meet the changing needs of their own families.

While Family Partners are change agents, they cannot do it alone. Change comes from both the top down and the bottom up and is best accomplished if leaders are dedicated to collaboration and outspoken about their commitment to family-driven care and the value of having Family Partners. The leadership team should make it clear that the Family Partner's perspective is valued and their input welcome. At times, Family Partners will challenge the status quo. For example, as they support family voice, the families may express concerns about how things are done. Family Partners may challenge language that is commonly used in reference to families such as 'unengaged' or 'resistant' and help reinterpret assumptions that lead to this view of families.

Hiring Family Partners

Whenever possible, multiple Family Partners should be hired by an organization and they should represent the cultural and ethnic make-up of the families served. A number of organizations committed to achieving positive outcomes for youth and families have hired between 10 and 40 Family Partners. Organizations must resist the temptation to believe that a single Family Partner can represent the variety of experiences and perspectives of families found in any community.

The lived experience of Family Partners is the foundation for many of the unique skills they bring to their role (Parsons & Lambert, 2012). It is also important to ensure that Family Partners can network with others in the same role, including opportunities to connect with local, state and national family support organizations through training and conference attendance. It is also ideal if Family Partners are supervised by a senior Family Partner to support their development in this unique role. If a formal supervisory relationship is not possible, regular consultation with an experienced Family Partner (similar to supervision) should be arranged. This work is difficult to do in isolation, so ensure that the Family Partners are connected to others doing similar work.

Another important connection for Family Partners and families is to establish strong ties to all of the family organizations near the residential or hospital program and in the home communities of the families and youth served by the program. These groups will provide information, training and resources, and they are an important factor in sustaining family and youth voice (Lazear and Anderson, 2009).

When recruiting and hiring Family Partners organizations should keep several things in mind:

- Recruit parents who have lived experience and experience navigating the children's system.
- When hiring for a residential or hospital program, seek candidates who have experience with residential or hospital services.

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- Consider the cultural, ethnic, and economic diversity of the families you work with when hiring Family Partners. Partner with community leaders to identify strong candidates. The connection to another parent who has similar cultural values and beliefs can help parents feel more accepted and understood.
 - Do not overlook the families who have been involved with the programs of the agency. Eventually organizations will be able to 'grow' family leaders from within.
 - Develop a clear job description. The Family Partner is not a clerical position, a child care worker or a clinician.
 - Define the skills and competencies the Family Partner will need to perform their role and develop training to support skill-development in these competencies.
 - In the interview, ask the candidate questions about how they handled a challenge with the children's system, worked in partnership with someone, or solved a problem. Ask the candidate to describe or give an example of how they use their own experience in their work with families. (These are all skills that are needed for the position. Even though the majority of candidates will require further training, asking this in an interview may provide some insight into how the candidate will do with these tasks.)

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- Be sure that the interview team includes families who are currently receiving services and an experienced Family Partner (who may need to come from another program or a state organization if this is the program's first Family Partner).
 - Spell out the organization's ability to provide flexibility or accommodations if the Family Partner needs to access services for his/her own child. Most candidates worry about mentioning this.
 - Offer fair and comparable compensation, benefits and opportunities for professional advancement. This sends the right message within the organization, and reasonable compensation helps with retention, which is a benefit for everyone. Work toward advancement opportunities within the Family Partner role (e.g., Family Partner, Senior Family Partner, Vice-President for Family Partnerships).

While hiring a Family Partner can help improve the adoption of family-driven practices, it does not fulfill the need for broad family involvement in an organization. Elevating family voice in all dimensions of the organization's work is critical. For this to happen in a comprehensive and meaningful way, it must be a responsibility shared by staff at all levels (and reflected in all job descriptions) and not seen as the sole responsibility of the Family Partner.

Training for Family Partners

Family Partners bring personal experiences and a variety of skills to their first day of work, but they should not be expected to perform their role simply based on their lived experience as the parent of a child with behavioral and/or emotional challenges. The types of training offered to a Family Partner might include:

- Training designed for a general audience (e.g., the organization's general orientation, health and safety training, HIPPA rules, how to work with electronic medical records);
- Training that all professionals need in interpersonal skills (e.g., good listening, setting boundaries, cultural and linguistic competence); and,
- Training in how to use their unique position as a peer with lived experience to inspire hope, model skills, elicit strengths, and empower families.

This last category of training comprises the special "value-added" of Family Partners based on their lived experience. To make the best use of their unique position, Family Partners need to develop a particular attitude and approach to their work with families. Some examples of these skills include:

- Know what to share from one's lived experience and selectively choose when and how to use one's 'story' to create a connection.

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- Listen to families to understand their goals vs. allowing goals to be defined by others.
 - Empathize and connect through shared experiences.
 - Engage families whose difficult experiences make it hard for them to be hopeful.
 - Practice and teach self-care.
 - Help parents identify their strengths and needs.
 - Commit to a non-judgmental and respectful attitude.
 - Advocate in an effective but non adversarial way.
 - Assure that cultural, ethnic, and linguistic diversity is respected and integrated into the plan for the family. Help others understand the family's culture in all of its dimensions (ethnic, language, religion, traditions, communication styles, roles, leisure activities, etc.).
 - Support parents to participate in all aspects of planning for their child and family.
 - Use one's own experience navigating multiple systems to teach parents how to identify and reduce obstacles and obtain the services and supports they need.
 - Use strategies that empower so families learn new skills and gain confidence.
 - Draw upon one's own experiences to help other families learn to partner with service providers.
 - Explain and guide families through the assessment/evaluation/diagnosis process with empathy.

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- Connect families to resources in the community – including other families who can provide peer support.
 - Help families reconnect to or rebuild their own informal support networks.

Professional development for Family Partners should include a substantial amount of coaching by an experienced Family Partner. This should be provided over a long period of time (not just the first three to six months on the job) to help Family Partners apply the skills they have learned to the work they are doing with families.

In communities that have implemented the Wraparound process, it is very likely that Family Partners will be involved in these meetings and perhaps serve as facilitators.

Wraparound is a team planning and service coordination process for children and families with complex needs. Wraparound is guided by a set of values and principles, among them that the work be family-driven and youth-guided. The following description of the phases of Wraparound comes from the National Wraparound Initiative's website:

"Wraparound is commonly described as taking place across four phases of effort: Engagement and team preparation, Initial plan development, Implementation, and Transition. During the wraparound process, a team of people who are relevant to the life of the child or youth (e.g., family members, members of the family's social support network, service providers, and agency

representatives) collaboratively develop an individualized plan of care, implement this plan, monitor the efficacy of the plan, and work towards success over time. A hallmark of the wraparound process is that it is driven by the perspectives of the family and the child or youth (NWI, 2012)."

All team members, including Family Partners, need training in the Wraparound process – and all will be learning about how to ensure the process is family driven. The Family Partner on a Wraparound team will play many important roles, including preparing families to participate and modeling family-driven approaches. Family Partners are fortunate - the role of Family Partners in Wraparound has been explored in several helpful publications by Osher and Penn (see the Family Partners section in the *Additional Resources* chapter).

Finally, because the families they work with have wide ranging concerns, Family Partners will eventually want to learn more about other topics including, but not limited to: medication, trauma, domestic violence, social services, special clinical topic areas (i.e., parents with substance abuse or mental health issues), special education, health, mental health, early intervention, the juvenile justice system, understanding benefits programs, and evidence-based practices. The purpose of participating in these trainings is NOT to become an expert in

<p>We support other families as peers with a common background and history rather than as experts who have all the answers.</p>

any of these areas, but to develop a general knowledge base, a better understanding of resources and options to share with families.

Supervision for Family Partners

Supervision is a way for Family Partners to receive (and give) support, share resources and strategies, and brainstorm ideas. It is also a way to increase a sense of ownership for both the work and the program. Many Family Partners receive administrative supervision (writing reports, monitoring productivity) and 'content' supervision, which challenges them to improve their practice to achieve the best outcomes possible.

Supervision needs may change as a Family Partner becomes more experienced. However, it is important that supervision be provided by a more experienced Family Partner. This individual's depth of understanding of the philosophy and techniques used as a Family Partner will be an invaluable asset in supervision.

There are several effective supervision models, each with benefits and limitations. Some questions an organization will want to ask include:

- Will the Family Partner be evaluated based on any particular outcomes?
- Will the organization use a group or individual supervision model or both?
- What are the supervision needs of the Family Partners?

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- Should a peer-to peer coaching model with monthly clinical oversight be utilized or would peer-to-peer supervision and coaching without the clinical oversight be better?

One-to-one supervision can be very helpful and should be a part of supervision if possible. Family Partners also value group supervision led by a senior, more experienced Family Partner.

While peer parent support has been provided for more than 20 years, it is a service that is still being developed and implemented. Because it is an emerging profession, there is much to be learned. Good communication between team members is critical as is an open mind about continually evaluating the approach to improve outcomes.

Supporting and Retaining Family Partners

Family Partners should have their work acknowledged to show both its value and its uniqueness. Agency leaders can embrace the importance of this role and work with all stakeholders to underscore their commitment to and belief in peer parent support. They can use organizational resources to support training. They can educate funders, community members and the Board of Directors. They highlight this new position in newsletters and other publications. Family Partners often hear from the families they work with that the connection

and support was very important, and they also need to hear this from their employers.

Some of the messages that organizations can convey:

- The work of Family Partners increases parent participation in their child's care as well as with the agency.
- Family Partners teach families strategies on how to cope and how to identify and articulate their needs which leads to less reliance on formal services.
- Families feel less blamed as they understand that many of the barriers they face are system barriers, not a failure on their part.
- Family Partners increase the participation of families with treatment providers as they learn to communicate better and feel more optimistic.

Family Partners find this work to be very rewarding, but as they master it, some may look for a professional path to the next step. Develop opportunities for advancement that allow Family Partners to advance within their area of specialty by creating senior practitioner and leadership opportunities. This is beneficial to the Family Partner, to the organization, and to families.

To increase Family Partners' skills and exposure to the whole organization, encourage and support them to participate in management meetings, interview potential staff members (not just Family Partners), co-lead agency trainings, and review

literature, funding proposals and other key documents and processes from a family perspective.

Family Partner Code of Ethics

Pat Miles (2001) reported on an informal code of ethics developed by a group of California Family Partners. These are now reflected in the National Federation of Families for Children's Mental Health's "Code of Ethics for Parent Support Providers" (FFCMH, 2011). It summarizes well how Family Partners themselves define some of the approaches they use in their work with families:

- We tell our own story when it can help other families.
- We support other families as peers with a common background and history rather than as experts who have all the answers.
- We acknowledge that each family's answers may be different than our own.
- We take responsibility for clarifying our role as Family Partners and as a parent of a child with special needs.
- We build partnerships with others including professionals who are involved in the care of our children.
- We commit to honesty with each other and all involved with the care of a child and expect the same from others.

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- We are committed to a non-judgmental and respectful attitude in our dealings with and discussions regarding families.
 - We are committed to non-adversarial advocacy in our roles within the system.

There is a lot of exciting work occurring across the country with Family Partners working in hospitals, residential and community programs. While still a relatively new discipline, many programs have already been doing this work and can share lessons learned. To assist you in your work with Family Partners additional sources of information are available in the *Additional Resources* chapter, under the Family Partners section and the Embracing Family-Driven Care section. There are also tools and tip sheets available on the national Building Bridges Initiative website (www.buildingbridges4youth.org).

Additional resources

The Massachusetts Department of Mental Health's Family Position Statement on Restraint/ Seclusion is included as a resource at the end of this chapter.



Family Position Statement on Restraint/Seclusion

Families of Massachusetts came together to advocate for safer educational and healing environments for our children. We developed the following goals with the hope that together we can eliminate dangerous practices of restraint and seclusion. Here is what we propose and what you can do:

Goal #1

We believe that restraint and seclusion are disrespectful and dehumanizing experiences that are traumatic for children involved, child witnesses, staff members and families. They cause children and families to feel powerless, and they are harmful to relationships. They also place children and staff members at high risk of physical and emotional harm. They are punitive external controls that are reactive rather than proactive interventions, and they do not help children learn to use the self-soothing techniques that they need to live safely in the community.

Here are three things that parents/guardians must do to help eliminate restraints in your child's school or treatment program:

- Read the language in your child's IEP and insist on the removal of any practices that involve restraint or seclusion.
- Read the program's policy on restraint and seclusion. You do not have to give permission to allow these practices with your child. Contact a parent advocate for assistance.
- Learn about the harmful effects of restraint and seclusion from the websites below. Tell other parents and form a task force at your school or program to eliminate these practices.

Goal #2

We believe that supportive practices should be used to prevent restraint and seclusion and to help children, families, and staff members feel more hopeful. Treatment settings and schools recognize that families and support people are experts on their children and should be included in all aspects of their care and education. Families and staff members work together collaboratively in an environment that supports mutual respect, cooperation, and teamwork. Training focuses on trauma-informed and strength-based treatment practices and provides families and staff members with the same tools to help children learn and practice self-soothing and self-regulation skills that can be used at home and in the community.

Here are three things that parents/guardians can do to advocate for more collaborative and respectful treatment practices in your child's school or treatment setting:

- Become familiar with Building Bridges, a national initiative that promotes families as experts on their children as well as collaboration, and educate your child's program and school.
- Become a family advocate, contact your local chapter of PPAL, and get as involved as possible at school and in the program.
- Write letters to the parent company of the program and to the school superintendent in your district explaining the importance of these practices in the prevention of restraint and seclusion.

Goal #3

We believe all programs and schools should adopt essential values to prevent restraint and seclusion. Important values that reflect good care are: safety, teamwork, family-guided treatment, communication, honesty, responsibility, mutual respect, strength-based care, skill building, confidence, recovery, and resilience.

Here are three ways that parents/guardians can help transform the value system in your child's school or treatment program:

- Ask for the treatment philosophy of your child's treatment program and the educational philosophy of your child's school in writing. Review policies and practices on restraint and seclusion and plans to reduce their use.
- Join quality improvement committees designed to decrease the use of restraint and seclusion at your child's treatment program and school or form one!
- Ask what kind of training is available for staff and teachers at your child's treatment program and school. Ask them to incorporate trainings on positive approaches that are geared towards preventing and eliminating the use of restraint and seclusion.

Resources

<https://tash.org/news/tash-offers-free-parent-guide-on-restraint-and-seclusion-shouldnt-school-be-safe/>
<https://www.nami.org/#>
<http://www.buildingbridges4youth.org/>

This position statement was developed by families whose children experienced restraint and seclusion or were exposed to them in mental health, child welfare, juvenile justice and school settings, with the help of PPAL, an organization of parents and professionals who advocate on behalf of children with mental, emotional or behavioral needs and their families.

Family Position Statement on Restraint/ Seclusion
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