

Gap Analysis of  
New Hampshire Family and  
Youth Engagement Practices

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## Introduction and Organization

The New Hampshire Endowment for Health and the New Hampshire Office of Student Wellness, within the New Hampshire Department of Education, have partnered to support a project to assist New Hampshire stakeholders to expand and improve parent and youth engagement in community and state activities that promote the social-emotional development and behavioral health of New Hampshire's children. The first step in this project was a Study of Best Practices in parent/caregiver engagement and leadership development and in youth/young adult engagement and leadership development. That step was fulfilled with the submission of "A Study of Best Practices in Parent Engagement and Leadership Development" and its companion document, "A Study of Best Practices in Youth Engagement and Leadership Development." The second, simultaneous step in this project was the preparation of an Environmental Scan which presents information about current New Hampshire practices related to parent and youth engagement and leadership development. That step was fulfilled with the submission of "A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in NH."

The third step in this project was a Gap Analysis in which the findings of the Environmental Scan are compared against the Best Practices identified in the initial documents, creating a picture of the strengths and challenges faced by those seeking effective family engagement throughout New Hampshire's public education and service systems and laying a foundation of recommendations for improving current family engagement practices. This document provides that Gap Analysis, including an initial, brief set of recommendations for moving forward.

To the extent possible, this Gap Analysis was conducted by comparing types of Best Practices described in those initial products to the types of practices identified through multiple information-seeking actions about current NH practices. In reality, direct comparisons were challenging, in part because many existing NH programs do not describe themselves using the same language as those who articulate "best practices." Terms such as "family engagement" and "family support" are used by different groups to mean widely varying things. Nonetheless, gaps are identified in this report, based upon the information available to the author.

*The key caveat for readers to keep in mind while reviewing this document is that some of the gaps identified herein may not, in reality, be gaps. Readers may read a specific gap description and recognize that there is already a program or organization or working group that addresses what is called a "gap" in this report, and the program or organization or group was not identified through this Study. Such a recognition would be good. It is left to the collective stakeholders of NH's public systems to identify and work to ameliorate those gaps identified in this document that are truly gaps, and it is hoped that the recommendations contained in this document begin to guide those discussions productively.*

The organization of this document primarily follows the organization of the Environmental Scan, which was organized in a manner that simplified the organizational scheme of the Best Practices reports. Categories presented in this document begin at the broadest levels (family engagement definition and models), and then move to three levels of practice impact: those practices directly intended to impact

individual families and their children; those practices intended to impact individual school or agency functioning (not just focused on individual families and children, although certainly impacting them); and practices aimed at impacting systems at the community, regional, and state levels. Under each category of information about family engagement, a brief reference from the Best Practice report is provided, followed by a summary of the findings in that category from the Environmental Scan. Sections on the geographic distribution and the cultural competence of engagement activities follows. The final section looks separately and exclusively at the practices intended to develop and promote youth and young adult engagement.

## **Broad Conceptual Components of Family Engagement**

### Definition

“A Study of Best Practices in Parent Engagement and Leadership Development” presented several working definitions for family engagement, drawn from multiple fields and disciplines. Those included the following definition of family engagement, provided by the U.S. DHHS, representing the systems of health, mental health, and Head Start (page 4):

*“The systematic inclusion of families as partners in children’s development, learning, and wellness. Engagement is enabled by positive relationships between families and staff in the institutions where children learn. The goal of family engagement is to support family wellness and children’s learning and development.”<sup>1</sup>*

That report articulated the following concepts as key to this active definition (page 4):

- *Systematic* – it touches the full depth and breadth of service and educational programming.
- *Families are partners* – this is unqualified and implies “equal” partners.
- *Children’s development, learning, and wellness* – it is comprehensive, touching those things most important in society’s raising of all its children.
- *Positive relationships* – We define not merely relationships, but positive relationships.
- *Goal-driven* – it is purposeful and key to accomplishing our most important objectives.
- *Support families* – families are affirmed as the primary unit in which children are raised.

The second product in this project, “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire,” described a wide range of models, strategies, programs, and activities that reflect NH implementation of this definition and its key concepts. In this Gap Analysis it is appropriate to begin with a broad view of the extent to which current practices in New Hampshire reflect implementation of these key definitional concepts.

*Systematic*: In 2016 parent/family engagement activities across all public education and service systems cannot be described as touching the full depth and breadth of service and educational programming. There are activities and programs across virtually all NH educational and service systems that aim to

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<sup>1</sup> Draft Policy Statement on Family Engagement: From the Early Years to the Early Grades; U.S. Department of Health and Human Services, U.S. Department of Education (undated – inclusion of 2014 references suggests written in 2014 or 2015)

promote and improve the quality and reach of parent/family engagement activities, which creates possibilities for making it more systematic in the future. Many of the activities described in the Environmental Scan are being implemented within specific community agencies and local school districts, and there are a number of special projects testing various strategies. Many of these projects are grant-funded, making them time-limited in scope. In addition, numerous advocacy and support organizations within NH are promoting new and stronger efforts to develop parent/family engagement, and many of these efforts are currently aimed at impacting sub-groups of parents and families, especially those whose children face serious and complex challenges. However, across all public systems there is an absence of high-level, collaborative policy and planning strategies aimed at strengthening and unifying these disparate efforts. Currently, there is limited systematic work.

*Families are partners:* There are clear and specific efforts in multiple public systems to make parents/families “equal” partners in planning and implementing care strategies for individual children, and all of those efforts merit recognition and respect. There are also multiple systems supporting advisory groups partially or entirely composed of parents/caregivers and those advisory groups have varying degrees of influence on policy development and resource allocation. More often than not, these groups provide advice and recommendations to others who hold statutory and/or fiduciary responsibilities for policy development and resource allocation and that advice may or may not impact those critical, system governance responsibilities. The four systems noted in the Environmental Scan (page 17) for utilizing statewide advisory groups with total or significant representation by parents and caregivers—Head Start; DCYF; DOE-Special Education; and BDS—deserve credit for supporting these groups and providing a platform for parent/family engagement in system governance activities; the extent to which these advisory groups impact policy development and resource allocation cannot be accurately assessed by the information available to this project.

*Children’s development, learning, and wellness:* This key concept emphasizes the need for a comprehensive or holistic approach to family engagement strategies and such an approach can certainly be found in many of the current activities supporting parent/family engagement. At the individual agency or school level, programs designed to a) educate parents and caregivers about typical child development, b) actively involve parents and caregivers in their child’s learning by designing and utilizing home-based strategies to align with and supplement classroom learning activities, and c) ensure that the overall health of each child is recognized and, when necessary, addressed within specialized programs are clearly present. All of these programs allow more staff in more agencies to gain familiarity with parent/family engagement practices that support the holistic approach. It cannot be said that this is the prevailing approach across all agencies, systems, and school districts, but it is clearly an approach that is growing.

*Positive relationships:* We are all working, not simply towards relationships with or engagement by parents/families, but towards positive relationships and engagement. There are in NH clear efforts towards building this positive type of involvement with and by parent/caregivers. Several examples might be presented here, but one of the clearest examples is the “Better Together” training curriculum being implemented by DCYF (DHHS) in which groups of 10 parents and 10 DCYF staff together explore the nature of their relationships and tools and strategies that can be used to ensure that child protection and juvenile justice staff serve as partners with families to strengthen parenting

competencies that keep children safe and in their own family homes, while also promoting community safety. Over the past 7 years this curriculum has touched 1000 people (system staff and parents and caregivers) in NH with its focus on developing a mutually positive, productive relationship between helping staff and the parents/caregivers they serve. Having highlighted this positive example of transformative cultural change, it is important to note that not all strategies being implemented to promote family engagement are designed to create such positive and productive relationships. While there are many good examples in place, they tend to be limited in focus and are not yet touching the majority of staff working in the public education and service systems or the majority of families in contact with these various systems.

*Goal-driven:* There is only limited evidence of NH programming that includes effective parent/family engagement as a primary or fundamental program goal. There are examples of schools and programs with a stated goal of positive family engagement but with no identifiable strategies or activities taking place in support of that stated goal. There are schools and programs that encourage staff to engage positively with parents and caregivers but that provide few tools, limited training, and/or meager incentives to enable staff to follow through effectively. And there are schools and programs trying actively to pursue positive parent/family engagement as a fundamental component of system quality improvement. Those efforts are not, however, systemic or consistent across systems, school districts, or agencies; these efforts are also not consistently represented as primary goals at the agency/school or system levels.

*Support families:* This key concept is strongly and consistently supported across virtually all NH systems, agencies, and school districts. Information presented in the Environmental Scan suggests that this may be the most consistently supported element in the collective efforts to improve parent/family engagement—all systems, school districts, and service agencies appear to support the fundamental belief that families are the primary unit in which we want children to be raised (educated, served, etc.). It follows from this belief that strategies and practices must be implemented to enable school and agency staff to do their part to support families, while additional strategies and practices must be implemented to ensure that parents and caregivers feel supported, equal as partners, and enabled to do their part as engaged parents/caregivers. These practices and strategies are less consistently in place, as discussed in the previous paragraphs.

## Models

“A Study of Best Practices in Parent Engagement and Leadership Development” described four different conceptual models (Family Engagement Inventory (FEI); Parent, Family, and Community Engagement Framework (PFCE); Dual Capacity-Building Framework (DCBF); and ISBE Family Engagement Model) (pages 11-17) from four different systems or perspectives (FEI from child welfare; PFCE from Head Start; DCBF from U.S. Department of Education; and ISBE from the Illinois State Board of Education). From those and other models reviewed for this Study, eleven common model elements were identified, describing what might be used as model “standards” by which to assess parent/family engagement models (Pages 17-19). Those common elements are:

1. *Family engagement is framed strongly within the context of system missions and major goals.*

2. *Family engagement approaches are built upon multidisciplinary partnerships and shared responsibilities.*
3. *The creation and support of effective family engagement programming is developmental.*
4. *Implementation of effective family engagement strategies evolves through comprehensive planning and implementation processes.*
5. *Collaborative partnerships stand at the heart of planning, implementation, and monitoring.*
6. *Public systems, including education and service sectors, hold a responsibility to lead the planning, implementation, and monitoring processes.*
7. *Family engagement strategies are driven by the ultimate outcomes to be attained, with a primary focus on child learning and well-being, and on addressing challenges that interfere with child learning and well-being.*
8. *All planning and implementation activities will define expectations and, where possible, indicators/standards for the outcomes sought by those activities.*
9. *Two-way communication between systems and parents/families is an essential tool in effective implementation of family engagement systems.*
10. *Effective family engagement strategies will focus equally on the development of competencies on both sides of the partnership.*
11. *Family engagement partnerships are, at the core, deeply personal and unique, individual relationships.*

A review of current models being used in NH public systems, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (page 6-7), identified that at least six conceptual models describing family engagement philosophies and practices are in use in NH, including two of the models described in the Best Practices report:

- Dual Capacity-Building Framework (pages 14-16)
- Parent, Family, and Community Engagement Framework (pages 13-14)
- Strengthening Families Protective Factors Framework
- Solution-Based Casework Model
- Person-Centered Planning Model
- Multi-Tiered System of Support Model

This collection of models includes certain features shared across the models and certain distinctions, mostly in emphasis or approach. All are primarily aimed at promoting and sustaining positive partnerships between education/service system staff and the primary caregivers for children being educated or served by those systems. This primary aim is driven by the belief that children will achieve more desirable outcomes when the school/agency and the family are working together, surrounding the child with aligned actions. Generally, there is a plethora of research to support this belief.

Differences in these models also reflect their respective intents. For example, the Solution-Based Casework Model and the Person-Centered Planning Model are both aimed at supporting caregiver involvement in a partnership aimed at intervening to address problems identified in the child and/or family. The partnership, if it is effective, depends on a number of the key elements listed above, such as shared responsibilities, two-way communication, well-defined outcomes with associated measurable indicators, and competencies needed on both “sides” of the partnership. The other four models are

generally aimed more broadly at whole-school or –community populations, from health promotion or primary prevention through intervention, they may include a focus on children for whom problems have been identified, and they generally bring attention again to both “sides” of the partnership between systems and caregivers.

When this set of models being used in NH is explored in the context of the common model elements listed above, several gaps for overall NH services and systems can be identified. [Gap 1] First, and perhaps most important among model gaps, is the absence of emphasis in system missions and major goals (Element 1) and the absence of comprehensive planning and implementation strategies (Element 4). The simple fact that these major educational and service systems each implement and support different models aimed at similar purposes reflects the absence of an overall comprehensive approach to the achievement of meaningful parent/family engagement in all aspects of their children’s lives. There are not inherent conflicts or competitions among these different models—in fact, they generally all support the same foundation of building better relationships on behalf of the children. However, each uses a different conceptual framework, different language and terms, different research bases to support the approach, different sets of resources, and different preparation and reporting strategies. These differences mean that, at the community level, agencies and schools whose personnel know one another and regularly work together on behalf of specific children and families in their community come at those partnerships supported by those language, research, resource, and reporting differences, making the processes of communicating and aligning practices more challenging.

The second gap among these various models is related to the first gap: [Gap 2] while each system is working to support and implement the model carefully selected to best impact that system, it is primarily not working collaboratively (Element 5) in multidisciplinary partnerships (Element 2). That is not to say that each system has not tried to include representation from partner systems in planning and implementation—in fact, the evidence says most of these systems have included such representation. That representation is provided by individuals, not a collaborative commitment from the highest system leaders. Essentially, leaders in each separate system are following their own best judgment about the model that best fits their programming and reaching out for some implementation input from other partners, but there is little evidence of efforts by system leaders to lead collaboratively and obtain multidisciplinary partnerships at the initial decision-making level.

[Gap 3] The third gap in this realm are the systems not reporting the systemic use of a parent/family engagement model (Element 6). First, this overall project is aimed at “parent and youth engagement in community and state activities that promote the social-emotional development and behavioral health of New Hampshire’s children,”<sup>2</sup> but the system most directly involved in providing behavioral health interventions—the Bureau of Behavioral Health (DHHS) and the private service provider network—does not report the use of a conceptual model. The Bureau of Consumer and Family Affairs (DHHS) strives “to facilitate consumer and family input into all aspects of the state-funded mental health system as well as the Bureau of Behavioral Health’s planning and policy development.”<sup>3</sup> That input would be a step in the direction of meaningful family engagement, but the information available for this Study indicates that

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<sup>2</sup> Taken from the contract between the NH Endowment for Health and the Human Service Collaborative that defines this project.

<sup>3</sup> Taken from the NH DHHS website at <http://www.dhhs.nh.gov/dcbcs/bbh/ocfa.htm> on June 22, 2016.

each of the providers of mental health services for children, adolescents, and their families are left to identify and use their own conceptual models, if any are used at all. Second, the Division for Children, Youth, and Families (DCYF-DHHS), responsible for the NH child protection and juvenile justice systems, among others, reports the use of the Solution-Based Casework Model in its staff training program, but no information could be obtained for this Study regarding the fundamental skills being trained or how that model is presented or used to drive that training in these systems. It is interesting to note that DCYF also holds certain responsibilities for child care licensing and Head Start (the Head Start Collaborative Office), systems that promote other family engagement models (Strengthening Families Protective Factors Framework and Parent, Family, and Community Engagement Framework). Third, while portions of the educational system strongly promote parent/family engagement models and practices in educational processes (such as Project AWARE and Safe Schools/Healthy Students in Special Education, and NH School Innovation Planning for Title I “priority” and “focus” schools), the overall majority of NH school districts are not actively participating in systemic parent/family engagement activities unless local district leaders take the initiative to do so. In such an instance, those leaders could choose the conceptual model that makes the most sense to them for their district. There is no evidence that NH State government follows or promotes any specific model for family engagement, and there is much evidence that NH State government promotes multiple and different models across the various public systems it manages.

[Gap 4] The fourth gap is reflected in how these major child- and family-serving systems choose to conduct quality evaluation or quality management activities, thus gathering and analyzing data to assess the extent to which the systems are actually fulfilling their missions (Elements 7 & 8). Each of the NH public education and service systems implements some type of quality management or quality improvement programming and data are gathered that reflect the primary mission of that system and the conceptual practice models supported. Where information describing quality management practices could be identified, the only focus on measuring and tracking family engagement practices is taking place within special projects affecting relatively small segments of the populations served. The absence of quality management data specific to parent/family engagement practices and outcomes reflects the lack of a model that emphasizes the importance of those practices and outcomes. [See next section for further detail about quality improvement practices.]

## **Best Practices in Family Engagement**

### System/Agency/School Programs and Practices with Individual Children and Families

*1. Activities directly engaging individual families and youth with their service, treatment, or education planning, delivery, and monitoring. [Note: This section aligns with the “Best Practices Supporting Family Engagement for their Own Child” in the Best Practices Report.]*

“A Study of Best Practices in Parent Engagement and Leadership Development” offered the following description of key practices in family engagement that reach across public child- and family-serving systems (page 23). “The Administration for Children & Families (ACF) in the U.S. Department of Health & Human Services has identified multiple ways in which family engagement practice expectations across disciplines are similar, even though the various disciplines may use different language to articulate those

practice expectations.<sup>4</sup> In particular, that literature review identified a number of practices supported universally within the child welfare, behavioral health, juvenile justice, education, and early childhood fields:

- Validate the participatory role of families in planning and making decisions for their children.
- Set mutually satisfactory goals.
- Provide timely resources, services, and interventions that are relevant and helpful.
- Be consistent, reliable, and honest with families.
- Ensure constant two-way communication and collaboration between parents and providers.
- Listen actively to each family member.
- Support parents and make families feel valued and connected.
- Facilitate children’s social and emotional development.
- Strengthen parenting skills.
- Include parents in meetings/conferences related to the evaluation identification, placement, and education of their children.”

A review of current practices in NH public systems, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire,” indicates that the practices listed above are generally supported by the basic practice models and in some of the training and practice expectations in each system. As examples:

- All Community Mental Health Centers (CMHC) train clinical staff to involve the youth and parents in treatment planning and making decisions about their children, setting treatment goals, and, when indicated, offering resources to strengthen parenting skills.
- The NH School Innovation Planning process, aimed at school transformation towards achieving better educational outcomes and mandatory for the schools identified as Title I Priority (lowest scores in reading and math) and Focus (largest subpopulation achievement gaps) Schools, utilizes Seven Innovation Keys in which Key #7 is Family Engagement in Leadership Teams. This approach assures communication and collaboration between schools and parents, valuing parental input in innovation practices and connecting parents to school transformation.
- NH Special Education programming, which includes identification of students with emotional and/or behavioral issues that may interfere with their educational success and planned interventions to ameliorate the impact of those issues, utilizes the Dual-Capacity Building Framework for Family-School Partnerships. Using that model, policy and program development activities are aimed at improving the capacity of staff and families to engage in effective partnerships, addressing their respective capabilities, connections, confidence, and cognition. These activities may touch all of the practices listed above.
- All NH Head Start Centers utilize the Parent, Family, and Community Engagement Framework, incorporating a systemic, integrated, and comprehensive approach to family engagement in all center programs and activities, including regular training in the Framework for staff. The

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<sup>4</sup> This information taken from Child Welfare Information Gateway. (2014). *The Family Engagement Inventory (FEI): A brief cross-disciplinary synthesis*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. Found at <https://www.childwelfare.gov/pubPDFs/synthesis.pdf>

practices listed above are all addressed in the Framework and Head Start leaders have access to robust training resources in support of the Framework.

- The NH Child Protection system requires all new staff to receive extensive training in the Solution-Based Casework model which is built upon three key elements, the first of which is that a “full partnership with the family is a critical and vital goal” in casework planning and implementation. This model assures that many of the practices listed above are incorporated in ongoing casework with all families, including kinship, foster, surrogate, and adoptive families.
- The NH Juvenile Justice system likewise requires all new staff to receive training in the Solution-Based Casework model, as described in the previous bullet. This includes staff working in community probation and parole, as well as staff in juvenile facilities and institutions.
- The NH Developmental Services system, serving individuals with intellectual or developmental disabilities, employs the Person-Centered Planning model, designed to promote all of the practices listed above, and extensive training in that model is offered to staff working throughout this system.

The use of these models and practice approaches across multiple public systems means that each of these systems is applying policy attention and staff development resources to the important activities associated with parent/family engagement. It is clear that every system presently brings some level of attention and resources to improving staff capabilities to engage more effectively with parents and families, and several of the systems likewise commit resources to improving the ability of parents to engage effectively with staff on behalf of their children. It is clear that now is a time of great opportunity to develop and improve family engagement practices because attention to the importance of those practices is strong across virtually all of the child- and family-serving systems.

Three significant gaps are noted in this information. [Gap 5] First, while extensive training is aimed at improving the abilities of staff to engage effectively with families, very limited mechanisms are in place to measure whether staff employ those practices and, if they do, whether or not the practices are effective. The NH DOE is in the process of implementing the Steps to Success review of School Innovation Planning, which includes self-reported data about family engagement activities for the small set of schools actively participating in the program, but it has not been in place long enough to generate comparative data and it is touching only a small subset of schools. The NH Medicaid Managed Care Quality Indicators, utilized to cover overall health care, include consumer satisfaction reporting, but no indicators are in place to monitor the extent to which parents are actively involved in treatment planning for their children or youth are actively involved in their own treatment planning. The behavioral health specialty company operating under the NH Medicaid managed care organizations, Cenpatico, lists core competencies for its masters-level licensed behavioral health counselors that lack any mention of engagement practices. No information regarding how the performance of DHHS staff in child protection or juvenile justice roles is measured with regard to family engagement while using the Solution-Based Casework model was available for this Study. In other words, it is possible to understand and describe how staff in these various systems are trained to practice as they engage parents and families, but information about how actual practice occurs is very limited, if any exists at all. With current, strong support for parent and family engagement across the various public systems, an opportunity exists for NH DOE and NH DHHS to work collaboratively to embed uniform quality practice measures about family engagement within each system, thus amassing data describing family

engagement practices in all systems and enabling opportunities to collaboratively improve those family engagement practices.

[Gap 6] The second gap is the lack of interaction and collaborative planning across these systems. There is little indication that planners in these respective systems are involved in reform and change planning outside their own areas of responsibility. As an example, the public behavioral health system is moving towards implementing an 1115 Medicaid waiver in which Integrated Delivery Networks (IDN) will be created. The requirements for the IDNs include relationships with “Community-based organizations providing social and support services” and the list of potential partners includes, among others, child care organizations and local education agencies, but no mention is made of child protection or juvenile justice organizations, two systems known to work with children and youth at great risk of behavioral health treatment needs. This apparent absence of collective planning across systems in the area of parent and family engagement means that each system is moving down its own path, perhaps parallel to one another but possibly moving in different directions. To some extent, persons involved in one system’s initiatives may contribute some input to initiatives in other systems, as stated earlier in this report, but New Hampshire as a whole would benefit by NH DOE and NH DHHS committing to a deliberate path of collaborative work to plan and implement all reform and improvement initiatives.

[Gap 7] The third gap noted is that information available on many of the websites associated with the individual service agencies and school districts does not reflect clearly either the basic orientations toward parent/family engagement or the practices utilized to support parent/family engagement. Many of these websites include some type of statement that a good relationship with parents is valued and/or that two-way communication with parents is desirable, but those sites rarely present information about or procedures for how parents can access that communication. This is an area in which the various family advocacy organizations might work together to develop and disseminate a website template offering a wide variety of recommended strategies that could be utilized by individual organizations to add family-friendly and family-responsive features to their current websites.

### Team-Based Care Planning and Monitoring

“A Study of Best Practices in Parent Engagement and Leadership Development” offered the following description of team-based care planning and monitoring, using the language of Wraparound (page 29): “Within this model, the family (and the youth, when old enough) participates in choosing the members of their team, choosing the goals the team will focus on, and, to the extent possible, leading the process of developing a holistic plan and then monitoring the implementation of the plan. The plan focuses on more than the diagnosed “disorder” or “condition” professionals have identified through assessment processes, reaching across multiple life domains to ensure that the needs most important to the family and youth are identified and addressed.”

A review of current practices in NH family support and advocacy organizations, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire,” (page 10) indicates that a number of programs and special projects are promoting this approach, including:

- RENEW, offered by the UNH Institute on Disability (IOD), develops structured, team-based care planning for the school-to-career transition of youth and young adults; IOD is currently expanding its role to train wraparound practices for wider populations.
- FAST Forward, a federally-funded grant program for children and youth with SED and their families, employs team-based care planning and monitoring as a primary tool and has piloted implementation in several communities.
- Safe Schools/Healthy Students, a special grant-funded initiative implemented by the DOE, utilizes team-based care planning in its goal to improve behavioral health outcomes for the highest need students and their families and is being implemented in Concord, Laconia, and Rochester.
- Project AWARE, another grant-funded initiative implemented by the DOE, utilizes team-based care planning in its goal to reduce the need for intensive treatment, out-of-home placement, hospitalization, or incarceration of children and youth and is being implemented in Berlin, Franklin, and Colebrook.
- NH CEBIS, within the context of broad implementation support for the Positive Behavioral Interventions and Supports program, has promoted the use of team-based care planning when school supports alone prove insufficient to address child and family needs.

These programs are promoting a best practice approach that is intended to bridge practice gaps between various agencies and systems, coordinating their collective work on behalf of individual children and families with serious and complex needs that are ineffectively addressed by a single program, school, agency, or system. For a relatively small population of children and families (those with the most serious and complex needs), this is a proven approach that achieves better family and youth engagement, better child and family outcomes, and overall cost savings for public systems through the elimination of duplicative programming, a reduction in the use of institutional and highly restrictive care environments, and, theoretically, better outcomes for the children, youth, and families.

Two gaps can be identified in this information. [Gap 8] First, while there is some interaction between the leadership of these separate programs, their development and promotion of team-based care planning practice appears to be largely parallel, without a centralized training curriculum or approach, a uniform approach to a population of focus for the practice, or standardized practice expectations. The three grant-funded projects, FAST Forward, Safe Schools/Healthy Students, and Project AWARE, are each being initially implemented in separate, small sets of communities without any apparent overall coordination of strategies or assurances that the practices are being implemented in a uniform fashion. The remaining two programs promoting this approach, RENEW and CEBIS, appear to be more enduring programs that some stakeholders view as competitors in the same, relatively small market. It would be useful to the field if the Departments of Education and Health and Human Services met together to decide on common training, implementation, and management approaches for these seemingly disparate initiatives, enabling practice to move forward uniformly and across all parts of the state.

[Gap 9] Second, and of perhaps greater importance, is the absence of sustainable funding support for this basic approach to planning and managing the care of the children and families with the most serious and complex needs. The RENEW and CEBIS programs both require programs to pay fees for training in this best practice approach and the fees are necessary to sustain those programs. FAST Forward, Safe

Schools/Healthy Students, and Project AWARE are each funded through federal grants that are time-limited. Sustainable funding streams, such as Medicaid health insurance, are needed to ensure the maintenance of progress made under grant funding. Inasmuch as this practice approach is most important and useful for the population of children and families with the most complex and serious needs—those most likely to require future, significant resource investment from the publicly-funded systems—it would be in the best interests of both their families and the public systems to establish resource streams that support the ongoing implementation of this practice, incorporating training needs, ongoing coaching and skill development, and quality monitoring practices into the cost reimbursement model.

### Peer-to-Peer Parent Support Programs

Equal in importance to the approaches described above reflecting system/agency/school efforts to engage parents and families in their work with individual children, youth, and families, there are many parent support and advocacy organizations that provide direct, peer-to-peer work with families in order to support or develop family engagement on that side of the partnership. As described in “A Study of Best Practices in Parent Engagement and Leadership Development” (page 31), “such groups provide an opportunity for parents to hear other parents describe their experiences, often connecting on the basis of similar experiences, as well as to share their own experiences in an environment in which shame, blame, and guilt are minimized through common experiences.”

A review of current practices in NH family support and advocacy organizations, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire,” indicates that these organizations are often built around specific types of challenges experienced by children and through which parents with lived experience share their knowledge and experiences to help other families with similar experiences and facing similar challenges. As examples (pages 10-12):

- NH Family Voices provides supports for individual families with children with chronic conditions and/or disabilities.
- Parent Information Center provides supports for individual families with children needing special supports and services, special education, or other accommodations from schools in order to obtain a meaningful education.
- Head Start’s family advocates (often parents of former Head Start students) work with the family of each student to create a family plan that will help the family address whatever challenges the family or the child face that may impact the child’s ability to learn and develop appropriately.
- NH Family Ties provides supports for individual families with children with a disability or special medical needs. This group also maintains a Resource Guide presenting information about organizations and resources that may be useful to families facing a wide range of needs.
- NH Connections supports a number of local, parent-led support groups, within school districts, some of which are organized on specific types of disabilities experienced by children.
- Granite State Federation of Families provides some direct support to individual families with children experiencing mental health issues (also labeled ‘serious emotional disturbances’).
- NAMI NH offers several structured courses, led by trained parents with lived experience, enabling parents to experience self-learning about their children’s emotional/mental health

needs and to support one another to gain insight from each other's shared experiences. These individual class groupings of parents often become a sustaining mutual support group based on their shared learning experience. NAMI NH also publishes and distributes the "Guidebook for Caregivers of Children and Adolescents with SED" which contains a robust array of resource information for parents with children with behavioral health needs and is strongly oriented towards promoting parent/family engagement.

- New American Africans uses community volunteers to support individual immigrant and refugee families to help them and their children integrate effectively into this culture, which may include referring them to other agencies for assessments and needed services.
- The Concord School District is beginning to implement the ARCH—Multicultural Peer Support Program, designed to support refugee families increase their functionality in this culture and decrease their social isolation.
- Circle of Parents, supported in Merrimack County by Child & Family Services, offers parent-led support groups for parents trying to improve their parenting and possibly address special needs faced by their children.
- F.A.S.T.E.R., also supported in Merrimack County by Child & Family Services, offers a parent-led support group for parents of children, youth, or young adults with substance use issues.

The New Hampshire advocacy community is strong and diverse, as evidenced by the examples just listed, and yet several gaps can be identified with respect to strong family and youth engagement activities and support.

[Gap 10] First, these many different advocacy organizations are guided by a variety of conceptual models for family and/or youth engagement (i.e., Dual Capacity Framework; Parent, Family, & Community Engagement Framework; Strengthening Families Protective Factors Framework; and Multi-Tiered System of Support Model). The various models aim at similar end results, but the language, model structures, and monitoring tools are different across models, and the resources offered in each model use the unique language, structures, and tools of that model. Community organizations that interface with more than one of these models are forced to choose one or another, or to try to integrate the languages and tools of multiple models, and any motion away from a single model increases the complexity of interacting with the advocacy organizations promoting a specific model. Perhaps more important, as parents and other family members begin to actively engage with more than one advocacy group, they may encounter these model differences as practice and/or philosophy differences. A parent or family member trained in one model may or may not recognize or become comfortable with the alignment between the model approaches. Collaborative work among and between these natural partner organizations to develop common language, tools, and goals would facilitate the ability of community service organizations, statewide systems, and parents/family members to engage in the shared work of promoting stronger parent/family and youth engagement in all service and education activities.

[Gap 11] Second, by highlighting or focusing on certain populations of children and families each of these organizations is well-positioned to advocate for specific causes and utilize the lived experience of parents to offer peer support to other parents experiencing similar challenges. This strength may be undercut by the reality that children and families do not always divide up into the neat populations

established by disability categories. Children facing chronic health issues are at risk for mental health challenges; children with intellectual disabilities likewise face higher risks for behavioral health challenges, as well as ongoing educational challenges; children eligible for Head Start programming are economically more vulnerable to health, educational, and behavioral health challenges; etc. To the extent that a parent engages with one system or organization and learns the model (language, structures, and tools), he/she may or may not be prepared to engage successfully with a different organization or system, even though each organization or system offers relevant assistance for their child and family. It may be most productive for the advocacy organizations to negotiate together to combine their respective family engagement resources around a unified model (language, structures, and tools), while each separate organization maintains its knowledge base and advocacy on behalf of specific populations or types of need.

[Gap 12] Third, each of these organizations maintains its own processes for training and supporting parents and family members who serve as peer supports to other parents. These parallel training and support processes—often an ongoing labor of love by the group’s leaders—consume resources that might be more efficiently invested, leaving more resources for advocacy and education efforts around the group’s population of focus. For example, the many groups that train parents and family members to serve as peer supporters might collaboratively develop and manage a single training curriculum and process, utilizing peer trainers from across all the groups, to prepare one, broad pool of peer supporters. Each organization could then supplement that training with material specific to their own focus area, as needed. Once basic training has been completed, the groups might work together to manage, support, and assign peer supporters as a single pool, matching an individual peer support’s lived experience of a particular challenge as needed, but with a higher degree of overall accessibility and flexibility. The efficiency achieved through this collaborative effort might free up some resources within individual organizations that could be repurposed to advocacy within that group’s primary cause or focus area.

### Practices at the Individual School or Agency Level

*2. Activities within a specific program or agency or school district to support family and youth engagement among all of those families and youth they directly serve. [Note: This section aligns with “Best Practices Supporting Family Engagement in their Own School or Agency” in the Best Practices Report.]*

“A Study of Best Practices in Parent Engagement and Leadership Development” described characteristics of best practices and identified a number of *best practice strategies intended to promote or develop family engagement at the individual school and agency level*. These various practices are generally aimed at impacting the environments within which services take place and the quality opportunities for building the relationships between agency/school staff and parents/families. Specifically, that report identified an array of practices, including: connecting activities; parent support; ongoing communication; a variety of volunteer opportunities; strategies to support learning at home; parental involvement in school or agency decision-making; incentives for parental participation in planned activities; planned activities enabling families to meet and interact with each other; cultural programming reflecting the community’s diversity; and staff development activities that improve family engagement attitudes and skills. (pages 34-36)

A review of current family engagement self-assessment practices, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 13-14), shows a number of organizations utilizing a range of strategies to support or improve family engagement, including the following:

- Councils and advisory committees composed partially or entirely of parents/family members
- Policy, mission, and website statements emphasizing the importance of family engagement
- Educational activities aimed at developing staff competencies to engage meaningfully with families
- Educational and development activities aimed at improving parental knowledge about child development, system services, and/or specific intervention strategies
- Support and play groups designed to foment informal peer support opportunities
- Advocacy for specific groups of families

Current practices to promote and develop effective family engagement across NH schools, systems, and agencies reveal strengths and a diversity of approaches. Taken all together, these activities demonstrate that groups such as Head Start, 21<sup>st</sup> Century Afterschool Programs, NAMI NH, Community Mental Health Centers, Family Resource Centers, family advocacy organizations, and a few school districts and day care programs are attempting to create opportunities within their organizations for family engagement and to develop staff attitudes and abilities to engage effectively. It is acknowledged that the survey results that provided these details were robust but not comprehensive (65 survey responses were received from a pool of potential respondents that numbers several hundreds, if not as many as a thousand), so it is likely that more organizations are actively using these and other strategies to promote family engagement.

[Gap 13] Nonetheless, the first apparent gap here is that too few schools, systems, and agencies are actively and deliberately employing family engagement strategies. NH Head Start programs are following national system leaders, as Head Start has developed the most robust of all family engagement models (Parent, Family, and Community Engagement Framework); Family Resource Centers are following the NH Children’s Trust and its commitment to the Strengthening Families Protective Factors Framework; other organizations listed in the Environmental Scan appear to be following internal or local leadership. For the most part, however, major educational and service system leaders do not appear to be promoting the development of family engagement practices as high system priorities and, as a result, implementation of these strategies is piece-meal and inconsistent across systems and communities.

[Gap 14] Even among this group of organizations reporting the utilization of some type of family engagement strategies, the second gap in this category is revealed as incomplete or ineffective use of these strategies, likely the result of inadequate competency support among those using the strategies. As examples: several of the 21<sup>st</sup> Century Afterschool Program sites display very family-friendly and -inviting language on their websites, but most of those sites lack any specific information about activities to promote family engagement or even how to act on the invitations to participate; a school district website cites community and family engagement as one of its seven major mission strategies, but there is no information on the site about any activities related to that portion of the mission and no

description of how a parent or family member might become engaged; a private learning center emphasizes on its website that it is “a place where family values are strengthened” but there is no information whatsoever regarding opportunities or activities in that center for families to develop any strengths. This is not a blanket criticism of these organizations—they are among the small set of organizations stating, at least, that families and family engagement are important. More to the point, these examples reveal the gap that exists in support for organizations to understand how to achieve effective family engagement and to develop the competencies needed among all staff to implement effective family engagement strategies.

The examples in the previous paragraph also point out a third gap in this category – [Gap 15] information gathered for the Environmental Scan suggests that many of the organizations implementing family engagement strategies appear to be framing them solely from the organization’s point of view, not inclusive of messaging that reflects or honors the parent/family’s point of view. Information presented on many of the websites for organizations listed on pages 13-14 of the Scan uses system language—jargon, acronyms, and references to system concepts and resources—that lacks sensitivity to how parents and family members will understand that information. Likewise, statements of commitment to family involvement are made which may create interest and motivation by parents to be involved, but no guidance about how to act on that stimulated interest is offered. Said more simply, the words on the screen are made hollow by the absence of any way for parents and families to act on them.

### Self-Assessments

As described in “A Study of Best Practices in Parent Engagement and Leadership Development” (page 32), tools are available which enable individual schools and/or agencies to “assess the current degree to which they have implemented effective family engagement policies and practices.” That report described in some detail the Family Engagement Strategy Checklist, part of a toolkit developed by BOSTnet,<sup>5</sup> and the categories of strategies it is designed to measure. Those include a) basic involvement and engagement strategies, b) intermediate strategies, and c) advanced strategies, suggesting an expected progression of development or maturity within an individual organization. The conclusion offered in the report was as follows: “The onus rests with schools and agencies to help families move beyond engagement on behalf of their own children and become more involved in school- and agency-wide activities, with benefits to both the school/agency and the families. These self-assessments will help the organization identify where work is needed.” (page 33)

A review of current utilization of family engagement self-assessment processes, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (page 14) found that the only mandated self-assessments are those conducted by 41 NH schools required to participate in the Integrative Programs initiative under Title I through NH DOE. The use of the Family Engagement Tool by ADI is relatively new and no findings from those self-assessments were available for this Study. The Environmental Scan also reported that NH Family Voices has available to it

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<sup>5</sup> Engaging Families in Out-of-School Time Programs Toolkit; Build the Out-of-School Time Network – BOSTnet, Boston MA. Found at <http://www.bostnet.org/wp-content/uploads/2014/07/Handout-B-Engaging-Families-Toolkit.pdf>

the Family-Centered Care Self-Assessment Tool, supported by the national Family Voices organization (a group dedicated to achieving family-centered care for all children and youth with special healthcare needs and/or disabilities), and that tool includes some items relevant to family engagement practices. No information was obtained in this Study regarding the use of this tool in NH.

The gap regarding self-assessment is self-evident: [Gap 16] few schools, agencies, or systems are focused on tracking the implementation of family engagement practices, and this reflects the broader lack of commitment to developing meaningful family engagement practices or monitoring their implementation. Systems and agencies measure their identified highest priorities and plan to address the evaluative findings. If family engagement is important enough to be mentioned in an organization's descriptions but not important enough to be assessed, it is a second-level priority (or lower). The fact that DOE is beginning to use this self-assessment process for the Title I schools struggling to rectify low student performance and/or achievement gaps is a good start and may lay the foundation for broader use in additional schools in the future. However, effective family engagement practices are likely to improve outcomes in more schools and service agencies than the relatively small set of lowest performers and therefore can be promoted more broadly. Any school or agency intending to purposefully improve family engagement strategies needs to begin by assessing their current policies and practices, against some type of standardized measure, and then use the findings to guide their developmental planning.

### Practices at the Community, Regional, and State Levels

*3. Activities at community, regional, and state levels to support family and youth engagement at those levels, with an emphasis on policy, program, and funding influences. [Note: This section aligns with "Best Practices Supporting Family Engagement in the Community System" and "Best Practices Supporting Family Engagement in the Region/State" in the Best Practices Report.]*

#### Advocacy and Support Organizations

"A Study of Best Practices in Parent Engagement and Leadership Development" described the basic function of advocacy and support organizations as "offering support to individuals and families experiencing certain types of challenges." "In addition, by working with those individuals and families, they identify the types of social and systemic issues that, if addressed, might improve the care of many people, and then they advocate for solutions." (page 31) As examples of such organizations, that report specifically identified statewide parent networks that "share in common an ownership by the parents themselves, organize themselves (some with system support, some on their own) and make policy and practice decisions that reflect shared parental decision-making." (page 48) The importance of both functions—advocacy and support—cannot be overstated. As individual parents/families discover needs in their own families and begin to seek guidance about how best to address those needs on behalf of their children, the support delivered by such groups at a time of need can be invaluable. Just as important, raising public awareness about challenges faced by groups of families and individuals and promoting solutions that reflect lived experience are critical functions from which public systems draw information necessary to effectively design and implement helpful programs. The fact that some of

these organizations are “owned” and operated by parents themselves adds to their credibility with parents who may be unfamiliar with or suspicious towards public systems designed to address the emerging needs of their children. Such groups commonly represent people who “have already walked this path and felt similar feelings” to those experienced by families just finding their children’s needs.

A review of advocacy and support organizations, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (page 16), identified seven such groups, including at least five that are parent/family-run. These organizations work with individual parents and families, groups of parents and caregivers, education and service system partners, and public system leaders; they serve and speak for families whose children are experiencing health, mental health, chronic, education, and/or integration challenges; they employ a range of strategies: from phone, on-line, and peer-to-peer supports to topic-centered education; from articulation of policy positions to participation on community- and state-level advisory groups; from seeking broad input across groups of families seeking or receiving services for their children to ongoing negotiations with and efforts to influence top decision-makers in public systems. In particular, leaders in these organizations work frequently behind visible processes to educate decision-makers and encourage them to move the systems towards more family-supportive policies and practices. NH is fortunate to have the presence of these groups and to benefit from their ongoing work on behalf of all children and families, irrespective of the presence of special needs, the type of need, or the severity of need.

As fortunate as NH is to have these groups, several major gaps emerge from the findings of the Environmental Scan. [Gap 17] First, each of these listed groups works endlessly to maintain a fairly minimal level of financial support for their mission, often seeking time-limited grants from a range of funding sources and striving to offer products that might generate steady income to support needed services. Individual interviews with organization leaders revealed many hours of evening and weekend work writing applications for any and every opportunity that might generate dollars to support functions related to their core missions. Some expressed worries about “mission-drift” that might result from chasing funding and therefore submitting to demands of the funder that may not align with the organizational mission. Most decried the absence of public funding dedicated to the advocacy and support roles that prove so essential to the families seeking help for their children. To be clear, some public systems offer modest financial support to some of these organizations; some mission-driven organizations, such as NH Children’s Trust and the Endowment for Health, demonstrate heavy and ongoing investments in the support and advocacy work conducted by some of these organizations. But overall there is very little ongoing, sustainable financial support from the public education and service systems for these two key functions—advocacy and support. Those systems definitely benefit from the presence of these organizations but they do not pay for it.

[Gap 18] Second, it appears that a number of public systems rely on a relatively small set of individuals (leaders in these advocacy and support organizations) to obtain “family voice” for their deliberations. While there are several statewide groups or “councils” composed of or including parents (see next section) that provide input to select systems, members of this small set of advocates are regularly asked to give input in various forums. They respond, whenever asked, and they carry the burden of trying to provide timely and impactful input to system leaders. They are an asset to NH families when they are able to provide such input, but input obtained in this way is somewhat piecemeal and ties up valuable

time of these leaders that takes them away from their other duties, with no certainty about the effects of their input.

[Gap 19] Third, each of the various advocacy and support organizations is primarily focused on a particular subpopulation of families and children, driven by the type of disability or challenge(s) faced by their children. Their advocacy and support is offered to those specific subpopulations and they commonly try to make use of parents and caregivers with lived experience dealing with those specific disabilities or challenges. As a consequence, the advocacy provided in this way may be described as splintered, when viewed from a broad, holistic perspective, and their impact limited to the persuasive force of individuals and the relationships they have formed with key system leaders. This approach tends to keep their input divided. It appears that it might be helpful for public system leaders to create and utilize a formal forum at which representatives of the many different groups advocating for subpopulations of families and children might assemble and advocate collaboratively for common issues shared across those populations, such as early identification of needs, access to comprehensive assessments, cross-referral mechanisms when a family's initial contact is at the "wrong" agency or system, collaborative family engagement competency development, unified care planning processes or mechanisms, information-sharing among systems, consistent quality management procedures, and common education and training opportunities for parents and caregivers. It is noted that a collection of these advocacy groups has, over time, met together periodically to discuss common goals and strategies, which might accomplish a portion of this goal for addressing issues in common but only a small portion.

[Gap 20] Fourth, the primary burden for advocacy on behalf of youth and young adults is carried by some of these advocacy and support organizations designed for and implemented by parents and caregivers. That is certainly a "labor of love" for these parent-driven organizations, but it does not represent a full and authentic voice for the youth and young adults. [Please see later section in this report about youth and young adult advocacy and support.] In fact, in some instances there are differences in the advocacy priorities of parents and their older children—they may even be in conflict in certain areas—and it is essential that public systems receive and respond to the input of both of these important voices.

### Statewide Advisory Groups

"A Study of Best Practices in Parent Engagement and Leadership Development" described statewide advisory groups including representation by family members (and sometimes youth) as follows: "These groups work on system development that reaches far beyond family engagement, but they also have the opportunity to affect family engagement policies and practices within the context of developing effective systems of care. Compared to single issue advisory groups, these system of care councils reflect best practice for inclusion of family voice at this level." (page 49) That report offered examples of such advisory groups from Louisiana, Maryland, and Mississippi in which parents and caregivers (and sometimes youth or young adults) sit at a table with public system representatives and other stakeholders to provide state leaders with input based upon the experiences of families seeking and utilizing services and supports within public systems. It is critical to point out that in each of these

examples the advisory groups are codified in state statute and/or directly empowered by the governor's office, thus granting them formal recognition for the role they play in improving system functioning.

A review of statewide advisory groups, presented in "A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire" (page 17), identified five statewide groups, operating within the Head Start, DCYF (DHHS), Special Education (DOE), and Developmental Services (DHHS) systems. These groups include a range of participation by family members, from Head Start's Parent Advocacy Committee and BDS's Regional Family Support Councils, which are composed entirely of parents/family members of children served in those systems, to DCYF's Statewide Steering Committee and Special Education's State Advisory Committee (SAC) on the Education of Students with Disabilities, which are composed of half or more members who are service recipients and/or family members of recipients, to BDS's NH Interagency Coordinating Council, which includes six (of 17) seats designated for parents of children receiving services. Several of these groups are mandated by Federal funding sources for the system programs and all of them hold the purpose of giving advice and guidance to leaders in the systems that support them.

None of these groups is focused exclusively on issues of family engagement but each of them places a high priority on effective family engagement as one component of effective education and service systems. In other words, each of these advisory groups is in a good position to identify needs related to effective family engagement and to make recommendations about how to improve system engagement strategies and practices, thus improving the overall quality of education and care in those systems. These five groups currently operating in NH represent a system strength and offer a foundation upon which to build family advocacy and input. Two groups in particular—the Statewide Steering Committee (DCYF), with a stated purpose of supporting changes in the system culture to improve partnerships with families, and the NH Interagency Coordinating Council (BDS), designed to promote and increase the quality of early intervention and preschool education—stand out as exceptional platforms for ensuring that the experiences of parents and caregivers influence system policies and practices.

Several gaps can be identified that reflect on broad system functioning, not on the quality or value of each of these existing groups. [Gap 21] First, based on information available to this Study it is very difficult to assess the impact these groups have on overall system functioning or specifically on family engagement policies and practices. Information provided on agency websites regarding these groups is primarily limited to meeting dates, agendas, and minutes. Occasionally, the input from one of these groups is cited by a system leader in an announcement about a new program or initiative, usually emphasizing that the improvement directly results from or responds to a recommendation made by such a group. Applications for grant funding from Federal agencies often cite input or recommendations from one of these groups as validation of the need for the funding being sought. Anecdotal information obtained for this Study through interviews with a few system leaders demonstrates that individual leaders take some pride from the existence of these groups and give their recommendations serious consideration. But there is very little public evidence that the advice provided by these groups is taken seriously by system leaders or leads directly to substantive changes or improvements in system operations. If this is an accurate impression, this is token respect for the parent and family voice.

Second, as noted earlier in this report, [Gap 22] it is important to recognize systems that did not report the existence of statewide advisory groups containing parent/caregiver participation. In particular, as noted above in the section describing family engagement conceptual models, this overall project is aimed at “parent and youth engagement in community and state activities that promote the social-emotional development and behavioral health of New Hampshire’s children,”<sup>6</sup> but the system most directly involved in providing behavioral health interventions—the Bureau of Behavioral Health (DHHS) and the private service provider network—does not report the existence or use of a statewide advisory group that includes family representation. In fact, the behavioral health service system appears to rely on the network of community mental health treatment centers to attend individually to regional needs within the catchment area of each center, which leads to structural fragmentation of parent/family input and results in uneven or uncertain input from parents and caregivers into system practices and strategies. Some of these centers may include the family voice on their own boards, although information about what impact may result from that voice was not available to this Study. Further, while the Special Education system obtains parent and caregiver input through the SAC, any input to broader education system functioning is structurally fragmented across individual school districts and even across individual schools. A district or an individual school may seek parent and family input into its management and implementation processes or it may not; individual district or school leaders may show an interest in improving family engagement policies and practices or they may not.

[Gap 23] Third, as noted in several other sections of this report, each of these statewide advisory groups is formed and organized around a specific system and/or population of families with children facing specific disabilities or challenges. That arrangement ensures that advocacy takes place on behalf of those specific populations, but it also fragments the collective family voice. No information was gathered for this Study describing a statewide advisory group dedicated to promoting the overall well-being, health, and education of NH’s children, adolescents, and young adults, and their families, such as those identified in the Best Practices report in Louisiana, Maryland, and Mississippi.

### Parent Leadership Development

“A Study of Best Practices in Parent Engagement and Leadership Development” reports at length about an array of approaches and strategies that systems and organizations can utilize to develop parent leadership competencies. This domain is summed up well in the following statement from page 37 of that report: “When parents are able to step past their responsibilities to their own children and become more engaged in the life and working of the school or agency, they and their children are likely to experience improvements from that engagement, and those improvements stand above and beyond the contributions they are making to the wide environment within that school or agency.” Further, that report notes that parent leadership development strategies “help parents raise up their heads to look past their own family’s experience to see ways in which what they have learned parenting their own child might be useful in other places and have a beneficial impact for other children and families.” (page 38) The report goes on to note that the Head Start model, the Parent, Family, and Community Engagement Framework, specifically identifies and provides developmental resources to support two key strategies in this domain: 1) using parents and family members as co-trainers in all workforce

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<sup>6</sup> Taken from the contract between the NH Endowment for Health and the Human Service Collaborative that defines this project.

development activities across systems, and 2) implementing structured parent-to-parent leadership development programming. The significance of these best practices is that systems gain a valuable component in effectiveness when those systems support and sustain deliberate programming to make parents and family members effective and equal partners in all aspects of system management and implementation.

Information gathered for this Study and presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (page 18) identified at least eight distinct programs offering some type of structured parent leadership development activities, including training and educational programs, opportunities for coaching, participation in local advisory groups, and preparation to actively advocate to improve system functioning at all levels. Some of these programs regularly implement structured curricula, preparing successive generations of parents and caregivers to contribute to systems, schools and agencies; some provide a forum to interact with system staff in a mutual learning and development relationship; some enable parents to give input into decisions about training needs within the staff of certain organizations; and some are built directly around helping parents become better parents. These are all meritorious efforts and contribute to an elevation of the quality of parent/family input into the supporting systems

Several gaps are made apparent by the information presented in this domain. [Gap 24] First, and most important, each of these identified programs stands alone. Each offers development opportunities of value, and interviews conducted for this Study made it clear that leaders in the different advocacy and support organizations know about most of these opportunities and refer parents/families to the different programs when individuals express an interest in learning or doing more. But there is very limited coordination between and among these programs, such that a parent or caregiver deliberately reaching out to find out about development opportunities would be limited to the first-hand knowledge of the individual to whom they turned for information. There is no assurance that a parent or caregiver who participates in one of these programs would, at the completion of that program, learn about any additional development opportunities, other than those offered by the same sponsoring organization. And there is no evidence that any information exists describing a pathway that a parent could follow to fully develop advocacy or even peer support skills that are not linked to a specific disability category. If someone applies to a professional development program, such as offered in numerous disciplines by institutions of higher education, they can generally see a pathway or a “ladder” of successive courses or “rungs” that will lead them to their chosen goal, but in the realm of parent leadership development in NH there is no such pathway or “ladder” in evidence.

[Gap 25] Second, there is very little progressive structure to any of the existing programs, such as described by “101,” “201,” or “301” course designations for material that builds the depth of knowledge about a certain subject progressively over time. This is not just the absence of a pathway, as mentioned in the previous paragraph, this is an absence of understanding how the content of one course or program relates to another, if any relationship exists at all. Parents and caregivers virtually have to enroll in a course, and perhaps even complete it, to learn whether or not the course content is responsive to the need that drove them to enroll in the first place, and little or no information is available to help a parent completing one program to decide “what is next for me?”

[Gap 26] Third, there is no single source of information about the full collection of parent development resources identified in the Environmental Scan. A parent or caregiver wishing to see the full array of development opportunities available to them must reach out to multiple organizations and assemble the information themselves to learn of the opportunities that exist, or be fortunate enough to make direct contact with an individual advocate who is familiar with the range of learning opportunities.

[Gap 27] Fourth, the information gathered for the Environmental Scan provides very limited indication that parent leadership development is important to or valued by the education and service systems, with three identified exceptions: 1) the Head Start system;<sup>7</sup> 2) the DCYF Better Together program; and 3) the IOD NH Leadership Series. The first touches about 2,000 children and their families per year and is supported primarily by Federal funding passed through DHHS, with local match that includes in-kind volunteer contributions. The second, which brings parents and staff together for intensive exploration of their mutual roles, is noted to have a positive impact on staff attitudes towards parents in the child protection and juvenile justice systems, while also benefitting parent participants. The third includes a majority of parents in its annual classes and is significantly supported by extensive fund-raising efforts conducted by IOD. Beyond these very notable exceptions, the major education and service systems provide very little direct support for parent leadership development activities; most of those existing activities are provided by the advocacy and support organizations described earlier in this report. Public system leaders currently use strong language to describe their commitment to engaging with and supporting parents of children touched by those systems, while the commitment of tangible resources to this key strategy—developing the leadership and advocacy competencies of parents and caregivers—appears to be negligible.

### System Training and/or Expectation-Setting

“A Study of Best Practices in Parent Engagement and Leadership Development,” in describing best practices in family engagement at the systemic levels, presented a set of recommendations from the U.S. DHHS Draft Policy Statement on Family Engagement<sup>8</sup> that is useful in identifying gaps in the “development of supportive policies, investment of resources, and promotion of key family engagement practices” (pages 44-45, paraphrased below):

- Plan and Prioritize: view family engagement as a critical component of planning across all settings and services... ensuring that family voice is meaningfully present in making all of those plans;
- Invest and Allocate: support workforce development activities specific to family engagement, technical assistance to community programs, statewide implementation of best practice models, rigorous evaluation, and the development of family engagement best practice hubs;

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<sup>7</sup> The Head Start philosophy is based upon promoting parent skills and leadership development along with educating the child; the local Policy Councils and statewide Parent Advocacy Committee are both designed to provide parent leadership development opportunities.

<sup>8</sup> Draft Policy Statement on Family Engagement: From the Early Years to the Early Grades; U.S. Department of Health and Human Services, U.S. Department of Education (undated – inclusion of 2014 references suggests written in 2014 or 2015)

- Establish Policies that Support Family Engagement: conduct policy reviews expressly to identify where specific family engagement practices could be considered, strengthened, or further promoted through policy modification;
- Communicate Consistent Messages that Support Strong Family Engagement: messaging from system leaders should ... describe a service culture that values family engagement; all staff working in state systems should communicate those messages to local programs; these messages should be aligned across the public education and service systems;
- Establish Workforce Capacity Building that Supports Family Engagement: Family engagement knowledge and best practices should be incorporated systematically into all competency development functioning, systems should create advancement ladders for both system staff and parents to gain expertise in family engagement practices, and core competencies specific to family engagement should be built into all competency models;
- Integrate Family Engagement Indicators into Existing Data Systems: mandate data collection about the extent of family engagement, the strategies utilized, and their effectiveness; data should be collected across all education and service systems using language and data categories that are aligned; and
- Establish Incentive Structures that Promote Sustained Effective Family Engagement Practices: build incentives into service payment and resource allocation systems to provide incentives for community agencies and systems to implement effective family engagement practices.

Information addressing a few of these recommendations was presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 19-21) under the heading “System Training and Expectation-Setting.” That information describes a range of strategies being implemented in various NH systems that are collectively designed to build a culture that is more supportive of effective family engagement practices, including: conferences and training days; program work groups and councils; Federal grant programs with Family Engagement listed among key goals; programs targeting very specific groups of parents (such as the E<sup>3</sup> Program aimed at teen fathers); and one system with a designated position to oversee family engagement implementation—NH DOE, Office of Student Wellness, Coordinator for Family Engagement. Some of these reported activities are implemented and/or overseen by major public systems in NH, while the majority appear to be implemented by advocacy and support organizations mentioned frequently in this report, whether individually or through partnerships between those organizations, and by individual community agencies and organizations.

All of these activities are important and positive and should be recognized throughout NH as strengths upon which further work can be built. The focused position within the DOE Office of Student Wellness stands out as an example to other systems and agencies for how to demonstrate systemic commitment to family engagement practices in meaningful ways. The SPARK NH Family Partnership and Engagement Task Force demonstrates commitment to bringing this discussion to the highest levels in the field of early childhood education and well-being. But beyond these existing efforts, several systemic gaps can be identified.

[Gap 28] First, taken as a whole, the set of activities identified in the Environmental Scan that set system expectations regarding family engagement reflect a number of individual strategies operating in parallel,

clearly working towards similar ends but without apparent or organized efforts to link and coordinate them. Echoing a theme that has emerged through many of the gap statements in this report, the absence of clear organizing strategies across these activities undercuts the ultimate impact of all of them. Each brings a touch to the system or population for whom it is designed, but there is little evidence that system leaders are heeding the “plan and prioritize” recommendation listed above.

[Gap 29] Second, as a whole set these activities represent relatively little investment of NH public resources. It is noted that a substantial portion of the funds supporting the activities shown in the Scan are Federal dollars, whether annual allocations (such as Title IV-B funds supporting 21<sup>st</sup> Century Community Learning Centers and ACF allocations supporting Head Start programming) or Federal grants (such as Safe Schools/Healthy Students and Project AWARE). Many of the remaining strategies reflect a prioritization of parent/family development by advocacy and support organizations, choosing to use their limited resources in support of this priority. At the beginning of this Study it had been hoped that a picture of the financing supporting NH family engagement strategies could be developed, but so little information about funds supporting related activities was available that such a picture, or an associated analysis, could not be developed.

[Gap 30] Third, it is not clear that any consistent messaging regarding family engagement has been developed or is being disseminated through the public systems, other than “family engagement is good.” Even where effective strategies to promote family engagement are being implemented within certain systems, it is not clear that they are well-known across other components of those same systems or among partner systems. As an example, during the first half of the information-gathering portion of this Study no informants identified the Better Together initiative within DCYF, even though it had been operating for the past seven years and is highly focused on engagement with parents. The absence of clear and organized messaging within and across public systems limits the extent to which programs and staff within any of the systems can connect their work to broader efforts.

[Gap 31] Fourth, the Best Practices report emphasized the importance of workforce development strategies on both sides of the family engagement partnership—education/service system staff and parents and caregivers whose children are touched by those systems—working in tandem to improve the abilities of staff and families to interact effectively, but there is little evidence of tandem relationships in planning or implementation. There are clearly strategies in place to impact each “side” of this partnership but they are not conceptually linked at the highest program and planning levels to achieve synergistic impact of those strategies. Both sides of the partnership need to be developed simultaneously, with deliberate efforts to align strategies and progress over time.

[Gap 32] Fifth, a few examples have been identified in which efforts are being made to gather some quality management data regarding family engagement practices, but those are fairly limited instances (for example, asking parents, “Do you feel welcome?” or asking staff, “Do you value parents?”) and do not appear to gather data that helps point out areas in need of additional strategies. There does not appear to be any broad effort to embed family engagement indicators into system quality management data collection processes, which in its turn reflects a lack of priority on learning more about how systems are functioning with respect to family engagement.

## Geographic Distribution of Family Engagement Efforts

The Work Group advising this Study requested information regarding the geographic distribution of family engagement practices and this report section is provided to begin exploration of that issue. The best way to organize geographic distribution is to explore county-based resources. It must be stated clearly that inadequate information was gathered in this Study to definitively describe county-specific family engagement practices, but some observations can be made. The reader should assume that many of these counties have activities that support family engagement that were not reported in this Study.

Four primarily rural counties (Carroll, Cheshire, Grafton, and Sullivan) reported no family engagement activities other than those provided by the 21<sup>st</sup> Century CLC afterschool programs (Carroll and Cheshire), a more general platform for possibly addressing family engagement (Public Health Council in Grafton) as an important community issue, and home visits by parent educators to families with very young children (the TLC Family Resource Center in Sullivan).

Two additional smaller counties (Belknap and Coos) reported a few more programs implementing family engagement strategies: Belknap County hosts a 21<sup>st</sup> Century CLC program, an active family resource center, a child care center that responded to the Study survey, and an implementation site for the Safe Schools/Healthy Students initiative (DOE); Coos County, the county with the smallest population in the State (although not the smallest county), also hosts a 21<sup>st</sup> Century CLC, a school district that discusses family engagement in its Mission statement, and an implementation site for the Project AWARE initiative (DOE). All that can be stated about these two counties is that more organizations responded to the Work Group's survey than did their counterparts in the other four small counties. Although the activities identified in each of these six counties are limited, the strength here is that there are organizations within every county that are already focusing on some aspect of family engagement in the strategies being implemented, and that strength can be built upon.

The county with the fourth largest population (Strafford) looks much like Belknap and Coos, in that it hosts a 21<sup>st</sup> Century CLC, an implementation site for the Safe Schools/Healthy Students initiative, and a 3-part program by Community Partners designed to facilitate the relationships between the school and families. This last program is more specifically aimed at building the capacity for meaningful family engagement activities than many programs noted in this Study. It also reflects programming by a community mental health service provider to specifically address family engagement, which is significant in the context of the overall findings in this Gap Analysis.

The third largest county by population (Merrimack) is also the location of the State's capital, Concord, and therefore hosts a disproportionate share of program offices that may provide programs and services beyond that one county. Among the programs offering family engagement-related activities are the following: family support for immigrant and refugee families in the community (New American Africans), a 21<sup>st</sup> Century CLC, a school district policy that expressly supports parental involvement in school activities, implementation sites for the Safe schools/Healthy Students and Project AWARE initiatives (two different districts), and a private, non-profit agency (Child and Family Services) offering a variety of parent support programs aimed at promoting health and safety for the community's children.

Again, it should be noted that a number of statewide organizations offer programming that is proximally accessible to residents of Merrimack County, in addition to those listed in this paragraph. Also notable for this county is its hosting of the Kids as Self Advocates (KASA – supported by NH Family Voices), a peer support self-advocacy program for youth with disabilities.

The second largest county by population (Rockingham) had only two organizations provide information for this Study which, given the population, appears to grossly under-report programming within this county. The community mental health service provider in the county (Seacoast CMHC) reported ongoing parent support and parent education programming, as well as hosting an annual educational conference that focuses explicitly on parent and youth issues every other year. An early childhood program (Salem Family Resources) offers a range of support groups and education about parenting.

The largest county by population (Hillsborough), as might be expected, reported a number of programs whose practices focus on various aspects of family engagement, including: a 21<sup>st</sup> Century CLC, a community mental health service provider (Riverbend CMHC) offering families an opportunity to give input through a Family Support Advisory Committee, family support groups for immigrant and refugee families in the community (New American Africans), a learning center with a focus on strengthening family values, and a community organization (YWCA NH) offering parent education opportunities and linkage to family resource centers in the area. This county also hosts Young Organizers United (Y.O.U. – supported by Granite State Organizing Project), which offers to young people support and an opportunity to use their voice in the community.

The information presented here about geographic distribution of family engagement activities enables limited analysis, as there is no confidence that the information gathered in this Study is exhaustive or accurately represents the depth and breadth of efforts taking place in and by organizations that did not, for whatever reason, provide information. Further, many of the organizations identified in the Environmental Scan describe themselves as providing statewide services and programs, but it is likely that accessibility to those programs varies from county to county. Their self-description as “statewide” made it impossible to locate them in any particular community for this analysis.

The most obvious conclusion from the available information is that [Gap 33] the NH counties with smaller populations have access to fewer organizations offering specific supports, programs, and resources for family engagement; conversely, counties with larger populations generally appear to offer more programming, but that is no guarantee that those programs and supports are equally accessible to all families in those counties.

[Gap 34] More striking, when the various programs are listed out county-by-county, is the relative paucity of activities focused on family engagement. Looking at the entire set of programs identified in the Environmental Scan it seems as though NH hosts a rich diversity of programs promoting this approach and the associated practices. By downplaying the statewide programs in this county-by-county analysis more questions are raised, especially regarding how many communities are actually touched by statewide programming. For example, the Environmental Scan listed seven organizations as providing parent leadership development opportunities statewide, but no information was gathered for this Study that indicates the extent to which parent leaders across each NH county have benefitted from those

opportunities. Also unknown is the extent to which the need to travel to population centers (especially Concord and Manchester) in order to access education and training activities acts as a deterrent to parents and family members living in other counties. These and other issues merit further study.

## Cultural and Linguistic Competency

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, commonly known as the National CLAS Standards, have been designed to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities and are now promulgated by the U.S. Department of Health and Human Services.<sup>9</sup> While the full set of standards have relevance to every aspect of the work done in all public systems, there are several that have direct relevance to this project's focus on effective family and youth engagement, summarized here for brevity.

The overarching Principal Standard (1) emphasizes the need to provide equitable care that is responsive to diverse beliefs and practices, languages, health literacy and communication needs. Standard 4 emphasizes the importance of training all personnel—governance, leadership, and workforce—in appropriate policies and practices on an ongoing basis. Standards 5-8 focus on language and communication strategies to assure that all individuals can participate actively in their own care and in system processes. Standards 9-15 describe various continuous improvement and accountability practices that are necessary to assure that constant attention is directed toward delivering culturally and linguistically appropriate care; in particular, Standard 13 emphasizes partnering with the community to design, implement, and evaluate policies, practices, and services.

When the information gathered for this Study is analyzed with respect to these standards, as they apply to family and youth engagement activities, several gaps may be identified that need to be considered as part of the total set of gaps to be addressed. [Gap 35] First, the vast majority of leaders of organizations providing information for this Study are members of the majority population, with the primary possible exception of organizations devoted to immigrant and refugee populations in the area. In and of itself, that is neither wrong nor unexpected – NH's population is 94.8 percent White, 1.2 percent Black, 2.8 percent Hispanic, 2.2 percent Asian, 0.3 percent American Indian, and 1.4 percent reporting two or more races. (Totals more than 100 percent due to overlap across reporting categories.)<sup>10</sup> However, it creates a responsibility among majority population leaders to be vigilant about checking their own assumptions and beliefs and constantly seeking input from minority populations about all aspects of policies, strategies, and practices implemented within schools, agencies, and systems.

[Gap 36] Second, the information gathered in this Study demonstrated that virtually all communication strategies currently employed to describe family and youth engagement models, strategies, and practices were found in English, with a small portion of the related websites containing somewhat cumbersome features intended to translate language at those sites into other languages. To be clear,

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<sup>9</sup> The full set of CLAS Standards, along with detailed explanatory material, can be found at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

<sup>10</sup> Information downloaded from U.S. Census Bureau 2015 population estimates.

some materials from some public systems have been translated into and are available in Spanish language versions, which demonstrates an awareness of diverse language needs and a willingness to respond to those needs.

Third, the organizations participating actively in this project include two organizations working directly with and on behalf of immigrant and refugee populations (New American Africans and Granite State Organizing Project), and their inclusion in this effort is very positive. [Gap 37] However, information received from those organizations indicated that they work largely on their own, forming functional partnerships with some education and service entities, but largely waging advocacy for individual families and their children, one at a time. The engagement of those organizations in the refugee and immigrant communities assists their ability to speak on behalf of those communities, but their engagement with and support from the public education and service systems is far more variable. In particular, their ability to get to the tables at which policy and resource allocation decisions are made is very limited and thus their influence on family engagement policies and practices is limited.

[Gap 38] Fourth, no information about the diversity of parents and/or youth engaged in systems at any level was gathered for this Study and it is unlikely that such information as may be collected by individual agencies and organizations could be integrated to form systemic pictures. CLAS Standard 11 emphasizes the importance of gathering demographic data “to monitor and evaluate . . . health equity and outcomes and to inform service delivery,” while Standard 12 describes the need to “conduct regular assessments of community health assets and needs and use the results to plan and implement services.” For the purposes of this Study, it is not apparent that any public system or agency has demographic information that describes the impact of any current family or youth engagement strategies on minority populations.

[Gap 39] Fifth, while this report describes a number of ways in which families and youth are not meaningfully involved in system decision-making, it can be further concluded that minority families and youth are even less involved. Standard 13—to partner with the community to design, implement, and evaluate policies, practices, and services—emphasizes the need to involve community members who represent community diversity in these decision-making processes. Many of the gaps identified herein call for designing, implementing, and evaluating policies, practices, and services in ways that include meaningful family and youth input, and this Standard makes clear that minority voices need to be invited and supported as participants in all of those processes.

## **Youth/Young Adult Engagement Programs, Strategies, and Practices**

Meaningful youth and young adult engagement practice is in its infancy—in national systems, in NH systems, and across all of the public systems. Comparatively, family/parent engagement philosophy and practices are far more mature, more developed, and more widely accepted than the corollary philosophy and practices for youth and young adults. The voices raised by youth remain undervalued simply because “they are youth”; the opportunities for leadership development for youth are largely reserved for gifted youth, too often to the exclusion of youth facing health, educational, behavioral health, and/or economic challenges. Youth facing such challenges are doubly devalued: first, for being

youth; and second, for being challenged. Fortunately, societal pressures are forcing public system leaders to reconsider this position. Just as similar pressures steadily reshape how systems relate to and engage with parents about their children, youth and young adults are pushing to be heard and to gain access to the opportunities that will empower them to act more decisively on their own behalves as they face these many challenges.

### Systemic, Foundational Elements

An earlier product of this Study, “A Study of Best Practices in Youth Engagement and Leadership Development,” laid out a range of Best Practices for youth and young adult engagement in their own care and education and in the wider work of system change and development. That report built the Best Practices on a philosophical foundation of resilience and Positive Youth Development. More specifically, a set of key elements for effective Positive Youth Development was presented (page 5), and those elements offer a succinct yardstick for assessing current NH programming:

- Youth participation and involvement in program design, implementation, and evaluation.
- Positive environments and safe and structured places.
- Skill and asset development opportunities.
- Opportunities to serve others.
- Positive relationships with adults.

*Youth participation and involvement:* Information gathered for the Environmental Scan in this project identified a few opportunities for youth to be involved in program design, implementation, or evaluation. Generally, those opportunities are limited to programs that are perceived as specific to leadership development and/or self-advocacy. In other words, young people have been invited by supportive system personnel to take a direct hand in planning and implementing activities that are expressly designed for those youth, and that is positive. However, very limited information was gathered that suggests that youth voice is being included at system tables at which policies about overall programming or the allocation of significant resources are discussed or determined. One exception may be the Youth Advisory Board supported by DCYF (DHHS) to garner systemic input from youth previously in foster care, but meeting minutes give little indication about the degree to which input from this group is substantive or utilized by system leadership. In other words, systems have begun to take small steps towards including youth and young adults in program design, implementation, and evaluation activities but their voice cannot yet be described as having any significant impact.

*Positive environments:* Organizations such as Y.O.U. (hosted by Granite State Organizing Project), Kids As Self Advocates (hosted by NH Family Voices), the YEAH Council (hosted by NH Family Voices), and YouthMOVE NH (hosted by Granite State Federation of Families) are beginning to demonstrate the value and potential of creating safe and structured places for youth facing different types of challenges to find empowerment with each other – those places may be physical locations where youth assemble for activities and they may be social media spaces in which there is freedom of expression and mutual support available to the participants. A very small set of additional opportunities described in the Environmental Scan create brief opportunities for youth and young adults to come together in conferences or single-event learning experiences to share those experiences and begin to build relationships with other like-minded youth.

*Skill and asset development:* Several of the family advocacy and support organizations (discussed earlier in this report) have recognized the need to reach beyond the parents/families they are designed to serve and conduct programming specifically geared to youth. Many of those programs are intended to develop skills around self-advocacy, peer-to-peer support, and leadership among participating youth. Strikingly absent in the picture painted by the Environmental Scan are deliberate programs promoted and implemented by the primary public child- and family serving systems (education, child protection, juvenile justice, behavioral health, developmental disabilities, and health) to develop skills and assets among youth and young adults touched by those systems. Almost all of this work appears to be conducted by the various family advocacy and support organizations.

*Opportunities to serve others:* If significant opportunities exist for youth and young adults to be involved in service to others, irrespective of any challenges they might face, those opportunities were not identified by informants providing information for this Study. It was noted that one Federal grant project (FAST Forward) is piloting youth-to-youth peer support among youth facing behavioral health challenges, and that is a positive development, but overall these types of opportunities appear to be absent.

*Positive relationships with adults:* One of the long-standing truths about building resiliency in youth, validated by a large body of research, is that every youth needs to know that there is at least one adult who believes in them, who cares unconditionally about their well-being and success. The individual adults working in many of the programs identified in the Environmental Scan, across the range of program categories, demonstrate every day their personal willingness to form constructive relationships with youth and thus act on this basic truth. Their collective ability and willingness to engage positively is a clear asset in the NH system. Further, the advocacy and support organizations that direct their work primarily to parents and families are steadily shifting towards creating more opportunities to establish positive relationships with the youth and young adults who are part of those families, and that is a resource to the State. Beyond those assets, there is little evidence of any systemic activities in NH to ensure that all youth and young adults, irrespective of the challenges they may face, have reasonable opportunities to build their resilience by forming positive relationships with adults.

### Best Practices at the Individual Level

#### Individualized and/or Wraparound Care Planning

“A Study of Best Practices in Youth Engagement and Leadership Development,” described a process for assisting youth and young adults transitioning to adulthood to “achieve meaningful involvement” in creating comprehensive service plans to help them achieve their own goals, called “Achieve My Plan” (AMP – page 7). It also described a model program currently in use at various places across the country to achieve similar goals, called Transition to Independence, or TIP Model (page 8). Each of these practice models offers specific processes for engaging this population in taking responsibility for their own care, in partnership with helping system staff, and leading to successful functioning as adults. A point of emphasis in both of these practice models is the need to engage each young person in a manner that recognizes their strengths and encourages them to take responsibility for identifying and

meeting their own needs across life domains that include but are not limited to addressing their behavioral health challenges.

Information was presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 22-23) that describes one NH program directly promoting this type of care planning, the RENEW initiative implemented by the Institute on Disability (UNH), in which staff are trained to assist transitioning youth to design and pursue their own care plan following the wraparound approach. It is also noted that the FAST Forward initiative, a four-year grant from SAMHSA just entering its final year, includes the use of wraparound for a small set of youth with serious emotional disturbances served in that program.

[Gap 40] Generally, the gap that can be identified here is that relatively few youth and young adults currently have access to this care planning approach. IOD is implementing plans to increase the training it provides to support this approach and the growth in that training is somewhat dependent upon agencies and systems voluntarily electing to import this approach and purchase the training. Inasmuch as no mandates were identified through this Study that seek to increase the utilization of this structured planning approach for this population, it is not possible to predict the number of agencies that will pursue this training and implementation of this model. FAST Forward is supported by time-limited federal funding and sustaining this approach will depend on the implementation of Integrated Delivery Networks (IDN) included in NH’s recent application to implement an 1115 waiver program. That program is designed to include wraparound care planning as one approach for working effectively with youth and young adults with serious behavioral health challenges, but each IDN applicant is designing its own approach—IDN applications are due in October, 2016.

#### Peer-to-Peer Supports

“A Study of Best Practices in Youth Engagement and Leadership Development,” described an exploration of youth and young adult peer-to-peer supports conducted by Youth MOVE National, a youth-run advocacy organization focused on improving care and involvement of youth and young adults facing mental health challenges. (pages 11-12) That report described the program currently being implemented by YouthMOVE Oregon in which peer support specialists (PSS) “have lived experience with a variety of youth-serving systems, such as mental health, addiction recovery, special education, foster care, and juvenile justice systems, and use that experience to guide their interactions with other youth who are in need of support. The PSSs engage youth and young adults actively in their own care, working with them to identify their strengths, needs, possible supports, and community resources, and then helping them plan their next steps.” (page 12)

“A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 22-23) identified several NH programs currently providing some form of peer-to-peer supports, including the YEAH Council (sponsored by NH Family Voices and PIC) and YouthMOVE NH (hosted by Granite State Federation of Families), which is actively involved with the RENEW and FAST Forward initiatives. Neither of these programs offers the structured program described in the Best Practices report, such as is currently being implemented in Oregon, including training, certification, and system supports. In addition, three organizations report limited peer support for youth in refugee and

immigrant families—Granite State Organizing Project (Young Organizers United), the Organization for Refugee and Immigrant Success, and the Bhutanese Community of NH—but information about the training and support youth receive to support their peers was not available for this Study.

These NH groups, especially the YEAH Council and YouthMOVE NH, provide a good foundation for beginning formalized peer-to-peer supports for NH youth and young adults. In fact, formalized peer-to-peer support is in its infancy nationally, with only a handful of states offering this type of structured programming for relatively limited populations of youth and young adults. [Gap 41] The gap that can be identified at this time is the absence of practice support for this approach from the primary public education and service systems; each of the groups identified in the Environmental Scan as promoting peer-to-peer supports is supported by advocacy and support organizations primarily organized for support of families with children facing challenges.

### Best Practices at the Agency and System Levels

#### Participation on Boards, Committees, and Work Groups

“A Study of Best Practices in Youth Engagement and Leadership Development,” presented information from “A Guide to Empowerment”<sup>11</sup> (page 14) that supported youth taking on governing roles in systems of care: “Significant roles in the community must be given to youth to engage them and develop their leadership skills. Involving young people can be a tremendous asset to the community and the organization if it is well done.” The Best Practices report went on to present five simple strategies necessary to develop meaningful youth voice in boards, committees, and work groups:

1. Identify youth and adult support: recruit multiple youth; offer adult mentors.
2. Ensure preparatory support: give lead time; prepare youth prior to meetings.
3. Clarify roles and responsibilities: be clear about expectations and roles; offer direct coaching before and after each meeting, as needed.
4. Ensure logistical support: identify and address needs, such as transportation, compensation, food, child care, etc.
5. Orient youth on location: offer access to space for personal acclimatization; provide all necessary information, background, and explanations.

“A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 22-23) reported on very limited activities intended to bring the youth and young adult voice into system governance functions: DCYF (DHHS) is maintaining a Youth Advisory Board (YAB), composed of youth in or previously in the foster care system, to inject their lived experience into decision-processes about foster care policies and practices in that system; and YouthMOVE NH tries to prepare and support youth facing mental health challenges to be able to participate on boards and committees when asked, and staff from that organization regularly participate on several statewide committees and work groups. It should be noted that the YAB is not an integration of youth voice into system decision-making processes; rather it is a forum for youth to come together and give input about

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<sup>11</sup> Matarese, M., McGinnis, L., & Mora, M., Youth Involvement in Systems of Care: A Guide to Empowerment; 2005. Technical Assistance Partnership, Washington, DC; page 3.

the issues placed into discussion by system representatives. Individual youth participants are given opportunities for training and support from one or two staff, but there is very little continuity of membership and therefore limited support and skill development is possible. It should also be noted that, at the time information was gathered for this Study, YouthMOVE NH was in a rebuilding phase and its presence on committees and work groups was limited to one specific staff person new to that role.

As noted in the Best Practices report, “the responsibilities to accomplish [these] purposes rest primarily with the adults involved in the process.” (page 14) In other words, creating the opportunities for youth and young adults to bring their voice to system governance processes and all of the associated supporting activities listed above are the responsibility of the adult system leaders and those who implement their policies within each of the public education and service systems. [Gap 42] The most significant gap currently in NH practice is the absence of leadership in the public systems declaring that input from and participation by youth and young adults in system governance practices is valued and desirable, with the associated direction to staff within those systems to make it happen in meaningful ways. Until a climate is created in which decision-makers want to hear what the lived experience of youth has to tell them about policies and practices, activities such as those provided through YouthMOVE NH are basically outsiders trying to fight their way into a closed system—it is unnecessarily difficult and forces those youth into adversarial, combative roles. Efforts such as the DCYF YAB are a good start, reflecting a basic desire in that system to develop the youth voice, but more systemic supports are needed to recruit and sustain participation by young people who can, over time, develop their leadership and communication skills in these roles.

#### Communication and Social Marketing

System of care philosophy and practice has come to embrace the importance of communication and social marketing strategies, as reported in “A Study of Best Practices in Youth Engagement and Leadership Development.” (pages 16-17) It was particularly noted that one key purpose of these strategies is to “increase outreach to engage youth, young adults, and families who may benefit from behavioral health services.” Experience in system of care projects specifically focused on youth and young adults has further demonstrated that a) youth and young adults continually recreate their own culture, with much of that culture today built around electronic social media, and b) youth and young adults, including those facing substantial health and/or behavioral health challenges, are incredibly creative in designing ways to utilize communication and social media strategies to address youth, as well as systemic, needs.

Information about current NH practices, presented in “A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 22-23), revealed almost no involvement by youth and young adults in public system communication and social media strategies. The YEAH Council maintains a website that strongly invites youth to contribute material and engage in chat room conversations with peers, and YouthMOVE NH maintains a Facebook presence intended as a forum for youth to communicate and exchange information about mental health issues and other topics. In fairness, it is highly likely that young people are involved in website development and social media accounts for many organizations represented in this Study, and others, because many adults involved in those organizations recognize that youth are better-skilled in these activities. Adults with

opportunities to impact websites and social media platforms often turn to their own children or children they know to mine their knowledge in these areas.

[Gap 43] The significant gap revealed by the information gathered in this Study is that public systems are not in any organized way taking advantage of these natural skills among young people and systemically involving them in public education and communication activities. Most especially, no evidence was found that young people are being invited to actively participate in strategies designed to engage and involve their peers in seeking system services for themselves or designing and implementing strategies focused on community education. Further, the various websites hosted by organizations that provided information in this Study do not in any way appear to be appealing to young people who might be seeking information for themselves or others. Those sites do not reflect any youth input, they do not utilize youth-friendly language, and they employ none of the eye-catching, fast-moving elements that can be found on websites of interest to young people. Public education and service systems are simply missing the opportunity to make their electronic presence useful to the population of young people, which could be accomplished by bringing those young people to the table to contribute to the design and implementation of that electronic presence.

#### Youth and Young Adult Leadership Development

“A Study of Best Practices in Youth Engagement and Leadership Development” describes the concepts and elements in support of youth and young adult leadership development, specifically with respect to youth and young adults who may face health, behavioral health, educational, or other challenges (pages 18-21). It was noted that no examples of specific best practices could be identified in the research conducted for this Study; rather, the elements and concepts were laid out in some detail to pave the way for understanding how to move this specific strategy area forward. The following concepts were teased out to offer specific guidance:

- Leadership development begins with self-understanding.
- Setting personal goals is part of leadership development.
- Self-esteem, confidence, and motivation are important necessities for life and leadership and can be supported and developed in young people.
- Establishing and maintaining a support network is necessary to participate fully in community life.
- With the development of self-understanding and personal life skills comes the chance to guide, direct, or influence others, and to serve as a role model.

“A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 22-23) presented information about several current activities aimed at leadership development of young NH citizens, including self-advocacy training (PIC, YouthMOVE NH, and NH Family Voices), conference opportunities (Partnering for Strength – PIC, NH Family Voices, and YEAH Council; Youth Leadership Summit – Bhutanese Community of NH; Leadership Conferences – North Country Health Consortium; Summer Institute – Granite State Federation of Families and YouthMOVE NH), Speaker’s Bureau training (In Your Own Voice – NAMI NH and Strategic Sharing – DCYF, YAB), and focused immigrant/refugee programming emphasizing social justice and cultural assimilation (Y.O.U. – Granite State Organizing Project and Youth Internships – Organization for Refugee and Immigrant

Success). Each of these organizations is recognized for making important efforts to prepare youth to improve their self-understanding, set personal goals, grow in esteem and confidence, become involved in a support network, and begin to influence others (concepts listed above). Collectively, these program efforts represent a strength in NH upon which additional efforts can be built.

Two fundamental gaps are obvious here and they parallel gaps identified above in parent/family leadership development opportunities. [Gap 44] First, each of these activities appears to stand alone, without much visible evidence that they represent significant planning and implementation collaboration by multiple systems and agencies. (Possible exception: PIC, NH Family Voices, and YEAH Council working collaboratively to implement Partnering for Strength, but it is unclear how separate these three organizations are.) In a functional sense, little tidbits of opportunities are presented within the State and individual youth and young adults can learn about and access those opportunities if they know the right person, have active contact with the right organization at the right time, or stumble across the right webpage or Facebook group when a timely announcement appears. Some of the public systems and agencies know about and refer to these different programs in partner organizations but that network is more personal than systemically organized.

The second gap is far more important and contributes to the first gap. [Gap 45] All of these leadership development opportunities for youth and young adults are being offered and supported by advocacy and support organizations for which the primary missions are family support. With the possible minor exception of the DCYF-sponsored YAB (which is reported to offer some leadership development training but has been unable to establish continuity of participants, thus limiting any long-term development impact), the major public education and service systems are simply absent. It is likely that the public systems give some financial support to these organizations for some of these activities, but, even if that is the case, it simply represents those systems handing off this responsibility to organizations with resources already inadequate to fulfill their primary missions. While it is admirable and even somewhat appropriate for family support and advocacy organizations to be involved in youth and young adult development (youth are part of families), there is a strong potential for conflicting interests when the advocacy voices for families and for youth take different or opposing positions on specific issues. [See full discussion of this issue in the Best Practices report pages 23-25.]

#### Youth-Run Advocacy and Support Organizations

“A Study of Best Practices in Youth Engagement and Leadership Development” presents information about youth-run advocacy and support organizations (pages 22-23) that includes the following description: “[T]hese organizations provide a pathway for youth and young adults with lived experience facing educational, health, or behavioral health challenges (or others) to obtain support and acceptance for what might be painful life experiences (and might also be healthy, supportive experiences), as well as to become actively engaged in advocacy to improve the functioning of those systems. Association with such organizations gives individual youth and young adults access to organized training and development opportunities, support from peers with potentially similar experiences, and a platform from which to promote changes or improvements based upon their experiences.” In other words, the opportunity for a young person to be actively involved with this type of organization might prove therapeutic for them in dealing with their own, personal challenges, might provide needed and helpful

peer support, might create access to opportunities for leadership development, and might enable them to be part of the effort to improve the public systems that served them.

“A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in New Hampshire” (pages 22-23) documented three such organizations currently functioning in NH: Y.O.U. (hosted by the Granite State Organizing Project); the YEAH Council (sponsored by NH Family Voices and PIC); and YouthMOVE NH (supported by Granite State Federation of Families). Two of these groups are described as statewide and one is primarily focused in the Manchester community; in fact, some respondents indicated that the two statewide organizations are, for pragmatic reasons, functionally limited to involvement by youth in the Manchester/Concord areas, except through the websites and social media. Further, each of these youth organizations receives strong support and guidance from the associated family advocacy and support organizations trying to make them work; it is unlikely that any of them could function autonomously at this time. Finally, each of these groups describes its population focus in relatively specific terms: Y.O.U. – racial disparities in high school; YEAH – teens and young adults with disabilities and chronic conditions; and YouthMOVE NH – lived experience with public systems (although YouthMOVE National focuses a bit more specifically on mental health issues and systems).

As noted in other areas, these groups form a strong foundation for building youth voice over time in NH and they should be viewed as a current strength. [Gap 46] The first gap to be noted is that these three groups currently touch a very small number of NH youth and young adults. In the simplest terms, they are very small organizations, which limits the individual and collective energies that can be brought to bear on the tasks of advocacy and support.

[Gap 47] The second gap, as noted earlier in this analysis, is the absence of visible public system support for these advocacy and support organizations. These organizations represent potential pathways past the challenges faced by some youth, both through peer support and personal development, and they represent cogent opportunities for systems to obtain and utilize youth input in the management and implementation of key system functions, thus making them more effective in fulfilling basic system missions. Some public systems have garnered meaningful input from adult consumer-run organizations to which they provide public resources and support and youth input could be supported and obtained in the same way. This would represent a positive and rewarding investment of public resources.

[Gap 48] Third, adequate information was not available in this Study to evaluate the extent to which any of these identified organizations is youth-run, but the necessity of support by host or sponsor organizations raises the question: how youth-run are they? As discussed in the Best Practices report, there is a very delicate balance between giving enough support to ensure that the youth organizations can function effectively and giving too much support, such that the youth messaging is drowned out by the parent messages of the “parent” organization, especially when the two messages are different. Finding and maintaining this balance is most likely to be achieved through experience – repeated efforts to implement strategies for youth engagement and close monitoring to determine what works and what does not. Each of these identified organizations is providing that experience at this time and close attention should be paid to the results. Ultimately, the voice that matters the most in assessing the extent to which the organizations are youth-run is the voice of youth.



## Gap Summary Sheet

### Models

Gap 1: Perhaps most important among model gaps is the absence of emphasis on family engagement in system missions and major goals and the absence of comprehensive planning and implementation strategies. [Page 6]

Gap 2: While each system is working to support and implement the family engagement model carefully selected to best impact that system, it is primarily not working collaboratively in multidisciplinary partnerships. [Page 6]

Gap 3: A significant gap in this realm are the systems that are not reporting the systemic use of a parent/family engagement model. [Page 6]

Gap 4: Another gap is reflected in how these major child- and family-serving systems choose to conduct quality evaluation or quality management activities . . . the only focus on measuring and tracking family engagement practices is taking place within special projects affecting relatively small segments of the populations served. [Page 7]

### Best Practices: Individual Family and Youth Level

Gap 5: While extensive training is aimed at improving the abilities of staff to engage effectively with families, very limited mechanisms are in place to measure whether staff employ those practices and, if they do, whether or not the practices are effective. [Page 9]

Gap 6: Another gap is the lack of interaction and collaborative planning across these systems. There is little indication that planners in these respective systems are involved in reform and change planning outside their own areas of responsibility. [Page 10]

Gap 7: Another gap noted is that information available on many of the websites associated with the individual service agencies and school districts does not reflect clearly either the basic orientations toward parent/family engagement or the practices utilized to support parent/family engagement. [Page 10]

### Team-Based Care Planning and Monitoring

Gap 8: While there is some interaction between the leadership of these separate programs, their development and promotion of team-based care planning practice appears to be largely parallel, without a centralized training curriculum or approach, a uniform approach to a population of focus for the practice, or standardized practice expectations. [Page 11]

Gap 9: Of perhaps greater importance is the absence of sustainable funding support for this basic approach to planning and managing the care of the children and families with the most serious and complex needs. [Page 11]

#### Peer-to-Peer Parent Support Programs

Gap 10: These many different advocacy organizations are guided by a variety of conceptual models for family and/or youth engagement. The various models aim at similar end results, but the language, model structures, and monitoring tools are different across models, and the resources offered in each model use the unique language, structures, and tools of that model. [Page 13]

Gap 11: By highlighting or focusing on certain populations of children and families each of these organizations is well-positioned to advocate for specific causes and utilize the lived experience of parents to offer peer support to other parents experiencing similar challenges. This strength may be undercut by the reality that children and families do not always divide up into the neat populations established by disability categories. [Page 13]

Gap 12: Each of these organizations maintains its own processes for training and supporting parents and family members who serve as peer supports to other parents. These parallel training and support processes consume resources that might be more efficiently invested, leaving more resources for advocacy and education efforts around the group's population of focus. [Page 14]

#### Best Practices: Individual School or Agency Level

Gap 13: One apparent gap here is that too few schools, systems, and agencies are actively and deliberately employing family engagement strategies. [Page 15]

Gap 14: Even among this group of organizations reporting the utilization of some type of family engagement strategies, another gap in this category is revealed as incomplete or ineffective use of these strategies, likely the result of inadequate competency support among those using the strategies. [Page 16]

Gap 15: Many of the organizations implementing family engagement strategies appear to be framing them solely from the organization's point of view, not inclusive of messaging that reflects or honors the parent/family's point of view. [Page 16]

#### Self-Assessments

Gap 16: Few schools, agencies, or systems are focused on tracking the implementation of family engagement practices, and this reflects the broader lack of commitment to developing meaningful family engagement practices or monitoring their implementation. [Page 17]

## Best Practices: Community, Regional, and State Levels

### Advocacy and Support Organizations

Gap 17: Each of these listed groups works endlessly to maintain a fairly minimal level of financial support for their mission, often seeking time-limited grants from a range of funding sources and striving to offer products that might generate steady income to support needed services . . . Overall there is very little ongoing, sustainable financial support from the public education and service systems for these two key functions—advocacy and support. [Page 18]

Gap 18: It appears that a number of public systems rely on a relatively small set of individuals to obtain “family voice” for their deliberations. While there are several statewide groups or “councils” composed of or including parents that provide input to select systems, members of this small set of advocates are regularly asked to give input in various forums. They respond, whenever asked, and they carry the burden of trying to provide timely and impactful input to system leaders. [Page 18]

Gap 19: Each of the various advocacy and support organizations is primarily focused on a particular subpopulation of families and children, driven by the type of disability or challenge(s) faced by their children . . . As a consequence, the advocacy provided in this way may be described as splintered, when viewed from a broad, holistic perspective, and their impact limited to the persuasive force of individuals and the relationships they have formed with key system leaders. [Page 19]

Gap 20: The primary burden for advocacy on behalf of youth and young adults is carried by some of these advocacy and support organizations designed for and implemented by parents and caregivers. That is certainly a “labor of love” for these parent-driven organizations, but it does not represent a full and authentic voice for the youth and young adults. [Page 19]

### Statewide Advisory Groups

Gap 21: Based on information available to this Study, it is very difficult to assess the impact these groups have on overall system functioning or specifically on family engagement policies and practices. Information provided publicly regarding these groups is primarily limited to meeting dates, agendas, and minutes. [Page 20]

Gap 22: It is important to recognize systems that did not report the existence of statewide advisory groups containing parent/caregiver participation. Noted are the behavioral health system, the broad educational system, and individual school districts. [Page 21]

Gap 23: Each of these statewide advisory groups is formed and organized around a specific system and/or population of families with children facing specific disabilities or challenges. That arrangement ensures that advocacy takes place on behalf of those specific populations, but it also fragments the collective family voice. [Page 21]

## Parent Leadership Development

Gap 24: Most important, each of these identified programs stands alone . . . there is very limited coordination between and among these programs, such that a parent or caregiver deliberately reaching out to find out about development opportunities would be limited to the first-hand knowledge of the individual to whom they turned for information. [Page 22]

Gap 25: There is very little progressive structure to any of the existing programs, such as described by “101,” “201,” or “301” course designations for material that builds the depth of knowledge about a certain subject progressively over time. [Page 22]

Gap 26: There is no single source of information about the full collection of parent development resources identified in the Environmental Scan. [Page 23]

Gap 27: The information gathered for the Environmental Scan provides very limited indication that parent leadership development is important to or valued by the education and service systems, with three noted exceptions. [Page 23]

## System Training and/or Expectation-Setting

Gap 28: The set of activities identified in the Environmental Scan that set system expectations regarding family engagement reflect a number of individual strategies operating in parallel, clearly working towards similar ends but without apparent or organized efforts to link and coordinate them. [Page 24]

Gap 29: As a whole set these activities represent relatively little investment of NH public resources. [Page 25]

Gap 30: It is not clear that any consistent messaging regarding family engagement has been developed or is being disseminated through the public systems, other than “family engagement is good.” [Page 25]

Gap 31: The Best Practices report emphasized the importance of workforce development strategies on both sides of the family engagement partnership—education/service system staff and parents and caregivers whose children are touched by those systems—working in tandem to improve the abilities of staff and families to interact effectively, but there is little evidence of tandem relationships in planning or implementation. [Page 25]

Gap 32: A few examples have been identified in which efforts are being made to gather some quality management data regarding family engagement practices, but those are fairly limited instances and do not appear to gather data that helps point out areas in need of additional strategies. [Page 25]

## Geographic Distribution of Family Engagement Efforts

Gap 33: The NH counties with smaller populations have access to fewer organizations offering specific supports, programs, and resources for family engagement; conversely, counties with larger populations

generally appear to offer more programming, but that is no guarantee that those programs and supports are equally accessible to all families in those counties. [Page 27]

Gap 34: More striking, when the various programs are listed out county-by-county, is the relative paucity of activities focused on family engagement. [Page 27]

### Cultural and Linguistic Competency

Gap 35: The vast majority of leaders providing information about their organizations for this Study are members of the majority population, with the primary exception of organizations devoted to immigrant and refugee populations in the area. This reality creates a responsibility among majority population leaders to be vigilant about checking their own assumptions and beliefs and constantly seeking input from minority populations about all aspects of policies, strategies, and practices implemented within schools, agencies, and systems. [Page 28]

Gap 36: The information gathered in this Study demonstrated that virtually all communication strategies currently employed to describe family and youth engagement models, strategies, and practices were found in English, with a small portion of the related websites containing somewhat cumbersome features intended to translate language at those sites into other languages. [Page 28]

Gap 37: Information received from the organizations working directly with immigrant and refugee populations indicated that they work largely on their own, forming functional partnerships with some education and service entities, but largely waging advocacy for individual families and their children, one at a time. [Page 29]

Gap 38: No information about the diversity of parents and/or youth engaged in systems at any level was gathered for this Study and it is unlikely such information that may be collected by individual agencies and organizations could be integrated to form systemic pictures. [Page 29]

Gap 39: While this report describes a number of ways in which families and youth are not meaningfully involved in system decision-making, it can be further concluded that minority families and youth are even less involved. [Page 29]

### Youth/Young Adult Engagement Programs, Strategies, and Practices

#### Individualized and/or Wraparound Care Planning

Gap 40: Relatively few youth and young adults currently have access to this [team-based, strengths-based, cross-system] care planning approach. [Page 31]

### Peer-to-Peer Supports

Gap 41: There is an absence of practice support for this approach from the primary public education and service systems; each of the groups identified in the Environmental Scan as promoting peer-to-peer supports is supported by advocacy and support organizations primarily organized for support of families with children facing challenges. [Page 33]

### Participation on Boards, Committees, and Work Groups

Gap 42: There is an absence of leadership in the public systems declaring that input from and participation by youth and young adults in system governance practices is valued and desirable, with the associated direction to staff within those systems to make it happen in meaningful ways. [Page 34]

### Communication and Social Marketing

Gap 43: Public systems are not in any organized way taking advantage of the natural skills among young people and systemically involving them in public education and communication activities. Most especially, no evidence was found that young people are being invited to actively participate in strategies designed to engage and involve their peers in seeking system services for themselves or designing and implementing strategies focused on community education. [Page 35]

### Youth and Young Adult Leadership Development

Gap 44: Each of these [leadership development] activities appears to stand alone, without much visible evidence that they represent significant planning and implementation collaboration by multiple systems and agencies. [Page 36]

Gap 45: All of these leadership development opportunities for youth and young adults are being offered and supported by advocacy and support organizations for which the primary missions are family support. With the possible minor exception of the DCYF-sponsored YAB, the major public education and service systems are simply absent. [Page 36]

### Youth-Run Advocacy and Support Organizations

Gap 46: These three [youth advocacy and support] groups currently touch a very small number of NH youth and young adults. [Page 37]

Gap 47: There is, as noted earlier in this analysis, an absence of visible public system support for these advocacy and support organizations. [Page 37]

Gap 48: Adequate information was not available in this Study to evaluate the extent to which any of these identified organizations is youth-run, but the necessity of support by host or sponsor organizations raises the question: how youth-run are they? [Page 37]

Short List of Recommendations  
Resulting from the Gap Analysis

1. The NH DHHS (all divisions serving children and families) and DOE need to work collaboratively to establish a clear, systemic focus on developing and improving parent/family and youth/young adult engagement in all activities occurring within the public education and service systems and agencies. This focus needs to manifest in a number of specific policy and program areas.

A. A complete review of policies guiding the public systems is needed to identify changes to actively prioritize and promote family and youth engagement and to identify barriers to effective family and youth engagement in current policies and practices. This review should be conducted by a cross-system work group that includes family and youth representation and minority community representation. An emphasis in this work would be examining the changes currently being tested through grant projects and incorporating the most effective strategies system-wide.

B. Program leaders across the public systems need to work together to select or create a single conceptual model for family and youth engagement to be consistently deployed across all systems. The purpose is not in finding the single “right” model; rather, the purpose is to unite behind a single model such that all staff are trained in the same language, concepts, and strategies for effective family and youth engagement.

C. Current workforce development activities, including pre-service and in-service, need to be reviewed to ensure that best practices in family and youth engagement are being trained across all systems, using the single conceptual model from strategy B above.

D. Family and youth engagement practice expectations need to be clearly embedded in all system position descriptions and performance evaluations need to include specific standards around family and youth engagement practices.

E. Data systems for all public systems need to be reviewed to ensure that meaningful data about the engagement of families and youth, in their own care and in system processes and functions, are gathered and reported on a regular basis.

F. Front-line quality management practices in all public systems need to be reviewed to ensure that a review of family and youth engagement practices (related to their job descriptions and reflecting the content of pre- and in-service training) is conducted regularly for individual workers and all program units, with the shared goal of increasing the effectiveness of those practices.

G. A family and youth engagement self-assessment tool needs to be selected and put into use by all programs, agencies, schools, and service organizations, with an expectation that the results of annual self-assessments will be used to continually improve family and youth engagement practices.

H. The public systems need to declare clearly that meaningful family and youth input into system policies and resource allocation decisions is important and establish appropriate forums to obtain that input on an ongoing basis.

2. The NH DHHS and DOE need to explore how to take a more active role in parent/family and youth/young adult leadership development, in fulfillment of the public system responsibility to improve the capability of families and youth to engage effectively with service systems. This might take the form

of increased resource commitment to leadership development programming contracted out to selected advocacy and support organizations, or it might be reflected in more deliberate, structured programming for parents and youth offered through system programs (or some combination of both).

3. Family advocacy and support organizations in NH are encouraged to explore the creation and support of an umbrella organizational structure which would enable them to collectively recruit and train a pool of parent/family volunteers to provide peer-to-peer supports and system advocacy on a wider and more flexible basis. Individual organizations would retain their focus on specific need categories and the associated experiences of families facing those needs, offering specific training and support related to those needs as appropriate.

4. Closely related to Recommendation 3, the advocacy and support organizations are encouraged to organize the totality of training and leadership development opportunities available through individual organizations into a more integrated menu of opportunities for all parents and youth seeking training or leadership development. This integration might be reflected in a single training event calendar displaying all training activities in the state; it might be reflected in a presentation of organized training pathways parents or youth might pursue to prepare them to sit on statewide advisory councils or to become trainers themselves; it might be reflected in the development of specific cross-disability training curricula incorporating components of current single-disability training curricula deployed by individual organizations.

5. The advocacy and support organizations are encouraged to collaboratively develop an engagement development program that can be offered to local schools to assist them in developing staff competencies and parent/family capabilities to engage together effectively on behalf of the students they share. Using the structure recommended above (#3), this program could be offered more uniformly to any/all schools, thus creating a shared language and approach across NH communities.

6. Families and youth are encouraged to work together to develop social media strategies that can be incorporated by advocacy and supports organizations and marketed to public systems to improve the overall outreach to families and youth who might benefit from involvement with those organizations and/or systems. One specific product of this work might be a website template that schools and agencies could use to improve their informational appeal to families and youth in their communities.

7. All system partners are encouraged to gather more data regarding the geographic distribution and accessibility of family and youth engagement strategies. As more strategies are put into practice it is critical that access be improved in rural areas and by members of minority communities.