

## HUMAN SERVICE COLLABORATIVE

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It is my privilege to provide to the Endowment for Health and the New Hampshire Department of Education this final report "A Study of Best Practices in Parent Engagement and Leadership Development." As you both know, a draft form of this report has been reviewed by the State Management Team Work Group and members have provided feedback, which is reflected in this final version of the report.

This report is the first of four products in this project, which has also produced "Best Practices in Youth Engagement and Leadership Development"; "A 2016 Environmental Scan of Parent/Family and Youth/Young Adult Engagement Practices in NH"; and "Gap Analysis of New Hampshire Family and Youth Engagement Practices." As you know, this specific report has been revised to incorporate additional best practice attention to issues related to cultural and linguistic diversity than were included in the previous draft.

The totality of the information contained in all of these documents is substantial. On the positive side, NH is now well-informed about what is happening, what can happen, and what needs to happen to improve engagement practices across the public education and service systems. Executive Summaries of this report and the Youth/Young Adult Best Practices report are being submitted with this final report, but those summaries cannot capture the richness of the information available about family and youth engagement best practices. Therefore, I will point out that many of the main content points of this report can be found in summary form in the discussion of Family Engagement Principles on pages 9-10 and in the discussion of Common Model Elements beginning on page 17. The full presentation of specific best practices begins on page 24.

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# **A Study of Best Practices in Parent Engagement and Leadership Development**

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# **A Study of Best Practices in Parent Engagement and Leadership Development**

## **Introduction**

Building systems of care for children, youth, and families is about building new ways of relating: people relating to one another with respect for their differences; organizations relating to one another collaboratively, in full and open partnerships; and organizations relating to people humanely, seeing their strengths with their needs, and offering services with dignity. Systems of care affirm that a child with special needs is not diminished because of those needs, that a parent struggling to raise a child with special needs is no less committed than other parents to raising their child well, and that through working together the entire community can embrace such children, enfold them in loving support, and nurture the potential latent in each child affected by challenges, no matter the type or intensity of those challenges.

A system of care has recently been defined as: “a broad, flexible array of effective services and supports for a defined multi-system involved population, which is organized into a coordinated network, integrates care planning and care management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, has supportive management and policy infrastructure, and is data-driven.”<sup>1</sup> There are many elements packed into this definition, as well as in the processes of system-building, but this report is focused on that portion that says, “builds meaningful partnerships with families and youth at service delivery, management, and policy levels.”

Family engagement, family support, family advocacy, family leadership development – these are all facets of a single, fundamental system orientation that reflects the embodiment of the fifth principle in the updated System of Care Guiding Principles:

5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.<sup>2</sup>

In broad terms, building this partnership to an effective level has been difficult. Empowering families and youth in services to meaningfully influence how those service systems work for them inevitably requires the establishment of new kinds of relationships between system leaders, who act on their sense of responsibility towards the systems, and the families and youth served in those systems. The key to successful systemic implementation of strategies designed to build this new kind of relationship – building family and youth engagement, family and youth support, family and youth advocacy, and family and youth leadership development – is an unreserved systemic commitment to this fifth principle,

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<sup>1</sup> Pires, S.A.(2010). *Building Systems of Care: A Primer* (2<sup>nd</sup> Ed.). Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.

<sup>2</sup> Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.

ensuring that families and youth “are full partners in all aspects” of planning and receiving services and supports for themselves, as well as “full partners in all aspects” of creating and implementing the policies and procedures “that govern care in their community, state, territory, tribe, and nation.” (emphasis added)

The most necessary change in implementing successful strategies that promote family and youth engagement is the need to create a culture suffusing all stakeholders in all education and helping systems, from political decision-makers to the front-lines, that is wholeheartedly committed to an equal partnership with the intended beneficiaries or those education and service systems. In the context of such a total cultural commitment:

- Parents in any community who desire an opportunity to learn more about how to advocate for their own child, and perhaps for other children and families, will find multiple opportunities within their own community, supported by community education and helping systems, to learn the desired skills.
- A classroom teacher will naturally take the steps necessary to ally with parents when a student exhibits behaviors that threaten his educational advancement, knowing she is fully supported by her school district and leadership;
- A juvenile court probation officer will recognize and rejoice when discovering that this probationer’s grandmother is important to her, naturally enlisting that grandmother to be an active participant in developing and following the probation plan;
- A mental health therapist will advocate within the agency for delivering a service outside the normal parameters to this particular family, arguing that it will be more likely to help them, confident that clinical and funding best practice guidelines can support such an approach;
- A child protection caseworker will happily refer a mother for advocacy support from the local family-run organization because she lacks the confidence to advocate for herself and her family;
- All agencies working with a particular youth with complex needs will naturally choose to form a team and create a single, integrated service plan in partnership with that youth and his family to ensure that there is a reasonable and effective path forward to self-reliance for that youth; and
- State legislators will naturally support funding for early childhood programming and early intervention approaches to build resiliencies into the state’s population and address emerging needs before they become complicated and expensive to address because they have been educated by families sharing their experiences with effective care practices.

This unreserved cultural commitment is slowly being built in many states and communities. The information presented in this Best Practices Report is aimed at moving New Hampshire toward commitment to that culture and full implementation of specific strategies throughout all of the public education and service systems that reflect that strong commitment. As this culture is established, family and youth engagement, family and youth support, family and youth advocacy, and family and youth leadership development all become natural outgrowths of that central cultural belief that family and youth voices are essential at the core of all education, service, and support strategies.

## Purpose 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. One component of this project is a Study of Best Practices in parent/caregiver engagement and leadership development and youth/young adult engagement and leadership development; this document details best practices currently in use across the country for parents and caregivers.

The Introduction above begins this report with a brief description of a desired future state, with regard to parent/family engagement policy and practice. Following this Purpose and Organization section, describing the organization of the document, is a presentation of three foundational elements (The Foundations for Effective Family Engagement) necessary for effective parent/family engagement in public education and service systems. First is an exploration of definitions of family engagement currently in use across a number of disciplines, with related discussion about the most relevant and important elements in those definitional statements.

Second is a presentation and discussion of a set of principles that can drive the effort to improve and strengthen parent/family engagement practices in public systems, with a brief discussion about the application of these principles to New Hampshire's public education and service systems.

Third, brief descriptions of several conceptual models of parent/family engagement are presented, drawing upon recent, interrelated work in fields including behavioral health, child welfare, early childhood, education, and health. The model descriptions are followed by an in-depth discussion of elements that emerge across models, with the suggestion that these common elements can serve as the core of a unifying model to be developed by New Hampshire stakeholders across all systems that touch children and families.

Taken together, the definitional statements, the principles, the model descriptions, and the set of common model elements are intended to provide a conceptual context for the next section of the document which describes best practices currently in use in communities and states across the country. The organization of that best practice material is described in the beginning of that section.

## The Foundations for Effective Family Engagement

### Definitional Statements

First, a brief definition of "parent" and "family." In this paper these two terms are used interchangeably, in relation to the context, and are sometimes used together. An underlying assumption in this paper is that children thrive best when surrounded and cared for by people who love them – people to whom they matter. Both terms are defined broadly and inclusively. "Parents" may include any person acting on legal responsibilities towards a child – birth parent, adoptive parent, foster parent, stepparent, legal guardian or custodian, relative acting as parent, etc. "Family" includes anyone

the parent or youth identifies as part of their family, which may or may not involve blood and/or legal relationships.

Recently two Federal departments issued a draft policy statement about family engagement, titled “Draft Policy Statement on Family Engagement: *From the Early Years to the Early Grades*”<sup>3</sup> and jointly circulated for review and input by the U.S. Department of Health and Human Services and the U.S. Department of Education. This document is significant because joint, integrated policy statements across multiple Federal authorities are relatively rare and, when offered, reflect an area of purposeful and significant importance to the missions of each of these partners. That document states, “The purpose of this policy statement is to provide recommendations from the U.S. Departments of Health and Human Services (DHHS) and Education (DED) on systematically engaging families in their children’s development, learning, and wellness, across early childhood and elementary education settings.” To these two settings can easily be added settings in which healthcare and treatment/intervention services and supports are provided to children, youth, and young adults, including the health, developmental disabilities, child protection, juvenile justice, mental health, and substance abuse systems. With this addition, the importance of effective family engagement practices within all service and educational settings touching children and youth is easily seen. All community stakeholders have a natural interest in promoting effective family engagement strategies.

That Policy Statement defines family engagement as follows:

*“We refer to “family engagement” as 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.”*

This definitional statement is rich in important concepts. Family engagement is:

- *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.

Near the end the Policy Statement makes this call to action: “By taking this call to action, we can ensure that children are learning across settings and that all adults who teach and care for them are strong partners with shared expectations and aligned strategies.” It is clear that this joint Policy Statement is intended to spur citizens in all fields dedicated to assuring that our children are healthy and prepared to operate as contributing members of society to prepare and commit ourselves to success by creating “shared expectations” and implementing “aligned strategies.” Effective and systemic engagement with families/parents/caregivers in this work stands at the heart of that success.

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<sup>3</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)

The National Association for Family, School, and Community Engagement (NAFSCE) echoes this priority by defining family engagement as follows:

*“Family engagement is a shared responsibility in which schools and other community agencies and organizations are committed to reaching out to engage families in meaningful ways and in which families are committed to actively supporting their children’s learning and development. Family engagement is continuous across a child’s life and entails enduring commitment but changing parent roles as children mature into young adulthood. Effective family engagement cuts across and reinforces learning in the multiple settings where children learn- at home, in prekindergarten programs, in school, in after school programs, in faith-based institutions, and in the community.”<sup>4</sup>*

This is a statement from a national organization, whose reason for existence is family engagement, which defines with great clarity the purpose it promotes. Again, this statement is full of important concepts within family engagement that merit individual consideration:

- Shared responsibility
- Commitment to this engagement by schools and other community agencies and organizations
- Commitment by families to actively support their children’s learning and development
- Continuous process over time and requiring “enduring” commitment
- Parents and families change as children mature toward adulthood (and, by implication, our strategies for effective engagement change as well)
- Learning (and development) occurs in multiple settings with family engagement as a unifying or continuous thread across those settings
- Many community organizations play a role in effective family engagement

The Centers for Disease Control and Prevention<sup>5</sup> have also recognized family/parent engagement as an important vector in promoting wellness and preventing problems in children and adolescents, defining parent engagement in this way:

*“Parent engagement in schools is defined as parents and school staff working together to support and improve the learning, development, and health of children and adolescents. Parent engagement in schools is a shared responsibility in which schools and other community agencies and organizations are committed to reaching out to engage parents in meaningful ways, and parents are committed to actively supporting their children’s and adolescents’ learning and development. School efforts to promote parent engagement can be part of a *coordinated school health framework*. A coordinated school health framework engages families and is based on community needs, resources, and standards.”*

This important Federal agency shows the importance of family engagement from the health perspective and reveals that such engagement is no less important in this perspective. Again, many important concepts merit recognition in this definition:

- Working together
- Support and improve the learning, development, and health of children and adolescents

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<sup>4</sup> National Association for Family, School, and Community Engagement (NAFSCE). Developed in 2010 by the National Family, School and Community Engagement Working Group (now the NAFSCE Policy Council). Found at the association website - <http://nafsce.org/who-we-are/>

<sup>5</sup> Centers for Disease Control and Prevention. Parent Engagement: Strategies for Involving Parents in School Health. Atlanta, GA: U.S. Department of Health and Human Services; 2012.

- Shared responsibility
- Schools, agencies, and organizations committed to reaching out to parents
- Parents committed to actively support their children’s learning and development
- Efforts are viewed as part of a (larger) coordinated school health framework
- Driven by family and community needs, resources, and standards

Each of these definitional statements contains similar concepts and conveys the importance of positive family engagement as a key, if not the pre-eminent, element in societal efforts to support the health, education, well-being, and successful development of children to adulthood.

It may also be helpful to narrow this definitional thinking from the broad, systemic level of the previous statements to a definitional statement within a specific discipline important to the well-being of our children and adolescents. This statement about family engagement in therapeutic interventions comes from the American Academy of Child and Adolescent Psychiatrists<sup>6</sup> (AACAP):

“Families, youth and professionals have different sets of knowledge, experience and beliefs. All parties involved thus bring their unique expertise to the treatment team, without which the clinical decision-making process would be less productive. *Family perspective* is based on a family's experience with their child and an understanding of their child and family's strengths, needs, community, and culture. *Youth perspective* is based on the youth's lived experience and priorities. *Professional perspective* is based on training, cumulative clinical experience, and the ability to listen carefully and respectfully to others. Mutual respect for each perspective promotes decision-making in the best interest of the child. Family and youth involvement is essential at each phase of the treatment process, including assessment, treatment planning, implementation, monitoring, and outcome evaluation. Family and youth partnership also needs to inform decision making at the policy and systems level. Family priorities and resources must be identified and should drive care.”

As before, critical concepts contained in this statement can be singled out:

- Knowledge, experience, and beliefs of professionals and families/youth are different.
- Those characteristics on both sides of the partnership can be considered “expertise.”
- Clinical (or treatment) decisions are best when influenced by both types of expertise.
- Families understand their child’s strengths, needs, community, and culture.
- Youth understand their own lived experience and priorities.
- Professionals contribute training, cumulative learning/experience, the ability to listen carefully, and respect to the partnership.
- Mutual respect for each perspective best promotes the best interests of the child.
- Family and youth involvement is essential throughout the treatment process.
- Family priorities and resources should drive decisions about care strategies.
- Family and youth perspectives are also important at the policy and systems level.

Perhaps it is even helpful to offer a contrasting statement about what effective family engagement is not. A national membership organization of entities providing grant funding, Grantmakers for Children,

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<sup>6</sup> American Academy of Child and Adolescent Psychiatrists – Policy Statement approved October, 2009 “Family and Youth Participation in Clinical Decision-Making” - [http://www.aacap.org/AACAP/Policy\\_Statements/2009/Family\\_and\\_Youth\\_Participation\\_in\\_Clinical\\_Decision\\_Making.aspx](http://www.aacap.org/AACAP/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx)

Youth, & Families (GCYF), addresses “parent organizing” as an important consideration in philanthropic initiatives targeting children, youth, and families, publishing an Issue Brief titled, “Parent Organizing as a Strategy for Sustainable Policy Change.”<sup>7</sup> This Issue Brief draws a contrast between intensity levels in what it labels “parent involvement, parent engagement, and parent organizing.” [It should be noted that its definition of “parent organizing” more closely aligns with the definitions of family engagement already presented.] In defining relative intensity levels, the Brief offers a statement about strategies, in the terms of this Study, that fall short of effective family engagement. “This [active parent engagement] is in contrast to organizations and advisory committees that seek parental involvement merely to inform parents of school priorities and needs, and enlist their energies and resources in meeting those needs. In these organizations, parents are not looked to for fundamental critique or to advise on school policy, curriculum, improving education outcomes, or the whole range of care operations. Their involvement is passive and mainly used by these organizations to garner support and disseminate information, not to engage parents as active shapers of policies.”

From this statement it is possible to extract concepts that help to define inadequate family engagement:

- Parents may be asked to sit on advisory committees merely to be given information.
- That information is primarily about system-determined priorities and needs.
- Parents are asked to expend their energy to meet those system-determined needs.
- Parents are not asked to fundamentally critique existing policies or give advice.
- This kind of involvement by parents is passive.
- This kind of involvement is used by organizations to garner support for what they already plan to do.
- Parents are NOT asked to be active shapers of policies.

Finally, the key elements in all of these various definitional statements can be summed up in the clear, informal, and accessible language of this statement from the Michigan Department of Education:<sup>8</sup>

*Parent engagement is comprehensive in nature, with the school consistently interfacing with parents at many points, in many venues, over the course of the schooling years. Parent engagement means that school personnel listen to the families who aren't engaged, assess what we really believe about parents, and celebrate all of the things families do at home for school success. Parent engagement involves personal contact, educational support at home, two-way communication between home and school, parents involved in school decision making, parents as volunteers working on student achievement, schools as parent resource sites, and schools as welcoming places.*

Readers of this Study can easily include other community service agencies and systems in this language directed towards community school districts. Engagement is community work.

### Principles

The organizations quoted throughout this document offer many iterations of the principles that guide the models and strategies they promote. New Hampshire developmental processes to embed effective

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<sup>7</sup> Making the Link: Parent Organizing as a Strategy for Sustainable Policy Change; Grantmakers for Children, Youth & Families; Issue 6 - 2011. Funded by the Peppercorn Foundation.

<sup>8</sup> Michigan Department of Education – “Collaborating for Success” Parent Engagement Toolkit (2011) – found at [http://www.michigan.gov/documents/mde/4a\\_Final\\_Toolkit\\_without\\_bookmarks\\_370151\\_7.pdf](http://www.michigan.gov/documents/mde/4a_Final_Toolkit_without_bookmarks_370151_7.pdf)

family engagement policies and practices into all components of the broad system of care serving children, youth, and families, will require all involved stakeholders to work together to identify the principles that will guide those processes in ways unique and respectful to New Hampshire values. For the purposes of this Study, a single set of principle statements was chosen to offer New Hampshire stakeholders a starting point for that identification process. This set of principles, titled “Principles of Effective Family Engagement Practices,” is contained within the draft Policy Statement referenced above and released jointly by the USDHHS and the USDOE.

1. **Create continuity for children and families.** Implement a vision for family engagement that begins prenatally and continues across settings and throughout a child’s developmental and educational experiences.
2. **Value equal partnerships between families and professionals.** Combine professional expertise with familial expertise to promote shared learning and responsibility for children’s healthy development, learning and wellness. Encourage two-way communication by valuing family input on all aspects of the child’s life and development, including their culture, traditions, and home language.
3. **Develop goal-oriented relationships that are linked to development and learning.** Goal oriented relationships are based on mutual respect and trust and are developed over time, through a series of interactions between staff and families. Successful relationships focus on families’ strengths and are grounded by a shared commitment to children’s well-being and success. Jointly develop, monitor, and work on children’s goals with families, and identify specific strategies that support children’s development and learning at home and in the classroom.
4. **Prioritize engagement around children’s social emotional and behavioral health.** Engage families around children’s social-emotional and behavioral health. Ensure constant monitoring and communication regarding children’s social-emotional and behavioral health. Ensure that children’s social-emotional and behavioral needs are met and that families and staff are connected with relevant community partners, such as early childhood mental health consultants and children’s medical homes.
5. **Ensure that all family engagement opportunities are culturally and linguistically responsive.** Culture is at the foundation of parenting, family dynamics and family-teacher, school, and program partnerships. Ensure that the environment, children’s curricula and learning, and all family engagement opportunities respect, reflect, and embrace families’ cultures and are linguistically accessible to all.
6. **Build staff competencies in engaging with families.** Prioritize professional development that helps staff engage parents as capable, competent partners. Strengthen staff’s ability to form positive, goal-oriented relationships with all families. Develop professional responsiveness in working with multicultural and linguistically diverse communities and in partnering with families who have children with disabilities, special healthcare needs, or other unique needs.
7. **Build families’ capabilities and connections.** Provide opportunities for families to build their knowledge and skills and engage in shared learning with other families on governance or

organizational family leadership and advocacy; fostering children’s development, learning and wellness; and other topics of interest. Ensure families are connected to each other for peer support and social capital, and to services in the community as needed.

8. **Systemically embed effective family engagement strategies within programs, schools, and with community partners.** Align, integrate and coordinate family engagement strategies across communities and all aspects of programming, including but not limited to: involving families in governance; establishing positions that focus exclusively on family engagement; identifying specific family engagement responsibilities and professional development opportunities for all roles across the system; providing families with multiple and diverse opportunities for involvement; creating inviting physical environments that are welcoming and culturally and linguistically responsive; and establishing formal partnerships with community partners, such as social service agencies, medical homes, and libraries, that promote family wellness and adult learning and enhance children’s learning.
9. **Continuously learn and improve.** Continuously improve integrated family engagement practices by collecting and analyzing data to guide decision-making and policy change and to inform technical assistance and professional development.

Discussion of this set of principles will illuminate some obvious and some subtle elements they express. It will be immediately noticed by the reader that these principles strongly reflect many of the points noted in the section above presenting definitional statements for family engagement, and these principles will again be reflected in the following sections describing 1) family engagement conceptual models and 2) best practice strategies implementing those models.

Taken as a whole, this set of principles makes it clear that positive, effective family engagement by public school and service systems must be a fundamental characteristic of all policies, all programs, and all practices within those systems. These principles point the way to the profound culture change called for in the Introduction to this Study. The fundamental nature of family engagement to all systems is emphasized by the inclusion of family engagement strategies in the system vision (Principle 1), goal-setting and monitoring (3), workforce development (6), system integration across communities (8), expanding the cultural competence of systems (5 & 8), and designing and implementing the quality improvement systems and practices (9). These principles urge the inclusion of family engagement on the agenda for every system meeting, as a discrete goal in every system plan, as a category of outcomes for monitoring system performance, and as a primary focus for workforce development systems. Effective family engagement will not be achieved by a single Family Engagement Committee or Policy or event – success will be based on comprehensive inclusion in all system functions and activities.

Second, these principles propel systems to consider parents/families as peers, equal in importance to all levels of system staff, in any/all processes that touch their children. This is a fundamental realignment of the relationships promoted by the “expert” model, in which one member of the relationship is the holder of knowledge and resources to be sought by the other. In the expert model families come to the relationship armed only with questions, while the experts bring all the answers. These principles acknowledge the value of the families’ personal, lived experiences, their values and preferences, their family culture, and the goals and aspirations they hold for their children. In the context of an equal, peer relationship, educators and service providers are asked to do their work with respect for the wishes

and choices expressed by the families, even though their training and knowledge might cause them to wish the family would make different choices. These principles describe genuine two-way communication with an understanding that all partners equally want what is best for the children.

Third, the social-emotional and behavioral health of children is pulled out for emphasis in this set of principles, acknowledging that this particular area of wellness is critical to the long-term well-being of each child – that social-emotional development holds the potential to drive, or restrict, successful development in all other life domains. At the same time, the principles place parents in charge of overseeing that success, while acknowledging that schools and helping agencies will play an important role in attaining it, especially for children and youth who face certain types of challenges. System staff and parents/families will need to work together at the community level to establish the shared goals around social-emotional and behavioral wellness.

Fourth, no single system or agency can expect success in this arena as an outgrowth of its own efforts, in isolation of the efforts put forth by all other systems and agencies. These principles repeatedly emphasize the need for partnerships among all stakeholders, holding in common the goal of raising healthy, educated children and effecting shared planning, shared implementation, and shared monitoring of progress. That shared sense of purpose and commitment needs to be reflected in the systemic implementation strategies identified in the first point above, in the efforts to rebalance the power in the relationships between trained professionals and parents/caregivers/families of the second point, and in the community commitment to the social-emotional and behavioral health of all of the community's children.

Fifth, there is a subtle thread running through these principles that places a responsibility upon the education and service systems to “create opportunities” for parents/families, whether it is for communication (Principle 2), goal-setting (3), connecting families to community partners (4), respecting family culture (5), building family competencies (7), or embedding family voice into system processes (8). The systems hold statutory and rule-based authorities and public funding is allocated through those system authorities; the responsibility falls upon the systems to create the doorways, pathways, mechanisms, and processes that allow these various family engagement strategies to unfold. Even though the principles call for an equal partnership, the responsibility to create the opportunities within which that equality can flourish rests squarely on the systems and system leadership.

Finally, even while the education and service systems are striving to create alignment and increase consistency among their various policies and practices, these principles call all stakeholders to recognize that each family is unique, bringing unique strengths, resources, and needs to the partnership and expressing unique values, beliefs, and family priorities. The path followed by each child and family will be its own, with no underlying expectation that they conform to narrow definitions of belief or practice, and the systems all need to be structured and staffed in ways that support each child and family's unique path (as long as children, family, and community remain safe). In particular, systems need to grapple with family cultural expressions and choices in more effective ways and learn to build on and make use of the strengths inherent in each family's culture. Likewise, systems need to reach out to cultural organizations within the community and include them in partnerships focused on strengthening family engagement.

## Models of Family Engagement

### Introduction

Over the past two decades, family engagement concepts have been thoroughly explored and developed across all public systems, leading to sophisticated articulations of the values and practices that support family involvement in all levels of system activities. Multiple systems have articulated models that strongly inform this Best Practices document, including: the Administration for Children and Families (Administration for Children & Families (ACF) – in the U.S. Department of Health and Human Services (USDHHS) – responsible at the Federal level for overseeing child protective services) has developed and disseminated the Family Engagement Inventory (FEI); the Office of Head Start (USDHHS) National Center on Parent, Family and Community Engagement (NCPFCE) has developed and disseminated the Parent, Family, and Community Engagement (PFCE) Framework; the U.S Department of Education, through SEDL, has developed and supported the Dual Capacity-Building Framework; and many individual states have developed and promulgated their own models, such as the Illinois State Board of Education’s (ISBE) Family Engagement Model. Each referenced model is briefly described below, followed by a discussion of common elements across the models that might be integrated to guide all New Hampshire public education and service systems in coordinating and integrating their work in support of universal family engagement practices.

It should be noted that none of these models are designed explicitly to be applied to work with the discrete population of children, youth, and young adults experiencing behavioral health challenges. While each of these models holds elements in common with the basic System of Care approach, in which family and youth engagement are viewed as fundamentally important in addressing behavioral health needs, these models do not craft specific strategies to apply only to youth with “disorders” or “conditions” or “challenges.” These models were deliberately chosen by the author to emphasize the universal importance of family and youth engagement strategies across all of the environments in which children and youth with special challenges might be recognized and served, hopefully within the context of typical or normative activities offered to all children and youth in those environments. This choice also underscores a central finding in this Study: success in family and youth engagement will only occur when the universe of education and service systems collectively embraces the need to incorporate systemic family and youth engagement strategies into active practice. Each of these models upholds that finding.

### Family Engagement Inventory (FEI)

The framework for the Family Engagement Inventory (FEI) is driven by strategies employed by various disciplines within child and family services to promote family engagement. In exploring these strategies, it is recognized that “family engagement is a strategy that is often not an end in itself, but rather a means to achieving improved outcomes within a given intervention.”<sup>9</sup> The intention in creating the FEI

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<sup>9</sup> All quotes in this section 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>

was “to aggregate knowledge in a way that would be helpful to professionals and to engage in a true multidisciplinary exploration of this important approach to helping children, youth, and families.” The FEI “is designed to bridge these systems by distilling what is known about family engagement across disciplines, providing practical information about how professionals can use this information effectively, and providing support and connections for those who are implementing family engagement strategies.”

The FEI development began by examining the common definitions of family engagement employed across five major discipline areas: child welfare (CW), juvenile justice (JJ), behavioral health (BH), early childhood education (ECE), and education (ED). Three *core elements* were found across all definitions of family engagement and are thus used to anchor the model:

1. **Collaboration:** Families are described as “partners” (CW) or “participants” (ED), and the nature of the relationship between service providers and parents is described as an “alliance” (BH) or a “goal-directed relationship” (ECE).
2. **Communication:** It is evident from the definitions of family engagement that families have valuable information that is needed by service providers, as it is obvious that providers offer important information and knowledge to assist families in raising their children.
3. **Sustained engagement:** Several disciplines (BH, ECE, ED) emphasize the regularity and sustained nature of family engagement, and it is implied in the others (CW, JJ).

Beyond these core elements, the examination identified *themes* that emerged across definitions for family engagement in all five of these discipline areas:

- Child centered
- Solution focused
- Respectful and collaborative
- Joint planning and decision-making
- Family involvement (including children, youth, and extended family)
- Interagency/multisystem collaboration
- Informed decision-making
- Well-being of children

“The themes indicate that, for effective family engagement to occur, children must be the focus of all of the decisions; professionals in all agencies need to be transparent, honest, and build trust with the families; and families, in turn, must be involved with the decision-making processes. In addition, collaboration must occur not only with families but also with other agencies in order to achieve the desired outcomes for families and children.”

This exploration also captures “an important tension in family engagement: while the engagement of families can be a deeply personal process focused on individualized communication and the well-being of a given child, the outcomes of those individualized communications should ideally be shared with other systems and/ or providers working with the same family.” This tension has often stood in the way of communications, blocking helpers from sharing needed information with other helpers and sometimes even preventing parents from accessing professional information pertaining to their own children. In this Family Engagement Model, the resolution of this tension rests on the meaningful inclusion of parents/caregivers in every step, every process, and every decision about the services and experiences of their children, allowing them to understand the need for their informed consent when information sharing is essential to the well-being of their child.

## Parent, Family, and Community Engagement (PFCE) Framework

The PFCE was designed to be “a road map for progress in achieving the kinds of outcomes that lead to positive and enduring change for all children and families. . . It is a research-based approach to program change that shows how an agency can work together as a whole—across systems and service areas—to promote parent and family engagement and children’s learning and development.”<sup>10</sup> The Framework is laid out across four interrelated sections: Program Foundations, which “outlines the importance of a systemic, integrated, and comprehensive approach to family engagement”; Program Impact Areas, ranging from the site environment to community partnerships; Family Engagement Outcomes (shown below); and Child Outcomes.

The Framework repeatedly emphasizes the importance of meeting family engagement goals within a systemic, integrated and comprehensive approach. “By systemic, we mean that parent, family, and community engagement is anchored in leadership priorities, program management, continuous improvement systems, and staff development. By integrated we mean that by carrying out PFCE activities throughout the entire organization, programs are much more likely to make the kind of family engagement progress that best supports child outcomes. . . By comprehensive, we mean that staff consider the strengths, interests and needs of each child and family, and connect families with services and resources to achieve their goals.”

The first section of the Framework, Program Foundations, describes three domains: Program Leadership, Continuous Improvement, and Professional Development. In summary, these foundations mean that a) program leadership, including the active involvement of parent leaders, is oriented in all its actions towards positive, effective engagement with families of Head Start students, b) continuous improvement strategies are implemented and prioritized to ensure that family engagement is being accomplished and that any difficulties are identified and rectified, and c) staff, from managers to all direct care staff, are constantly working and being supported to improve their knowledge and skills in family engagement practices, with respect to their program roles and responsibilities.

In the second Framework section, four primary Program Impact Areas are articulated:

- **Program Environment:** *Families feel welcomed, valued, and respected by program staff* – shared responsibilities, family culture, two-way communication, and opportunities for continual development are emphasized.
- **Family Partnerships:** *Families work with staff to identify and achieve their goals and aspirations* – family choices and priorities drive program activities.
- **Teaching and Learning:** *Families are engaged as equal partners in their children’s learning and development* – access to information and knowledge development, among staff and families, are a priority. Highly valued are opportunities for staff and families to learn together.

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<sup>10</sup> All quotes in this section taken from The Head Start Parent, Family, and Community Engagement Framework: Promoting Family Engagement and School Readiness, From Prenatal to Age 8. (2011) U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start; The National Center on Parent, Family, and Community Engagement; Arlington, VA. Found at <http://eclkc.ohs.acf.hhs.gov/hslc/standards/im/2011/pfce-framework.pdf>

- **Community Partnerships:** *Communities support families' interests and needs and encourage parent and family engagement in children's learning* – staff and families collaborate to build peer networks, link families and children to needed services, and support successful transitions for children and families.

Building on the Program Foundations and focused on the primary Program Impact Areas, the third Framework section articulates specific Family Engagement Outcomes that are reflective of effective family engagement strategies, including:

1. **Family Well-Being:** Parents and families are safe, healthy, and have increased financial security.
2. **Positive Parent-Child Relationships:** Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.
3. **Families as Lifelong Educators:** Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.
4. **Families as Learners:** Parents and families advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals.
5. **Family Engagement in Transitions:** Parents and families support and advocate for their child's learning and development as they transition to new learning environments, including EHS to HS, EHS/HS to other early learning environments, and HS to kindergarten through elementary school.
6. **Family Connections to Peers and Community:** Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.
7. **Families as Advocates and Leaders:** Parents and families participate in leadership development, decision-making, program policy development, or in community and state organizing activities to improve children's development and learning experiences.

The fourth section of the Framework describes the all-important child outcomes obtained by utilizing strategies emerging from the first three Framework sections. This approach acknowledges that every activity and strategy used within a program is ultimately aimed at achieving good outcomes for the individual children, while also recognizing that the important outcomes are unique to each child and family. It is each child's experiences, interests, needs, and goals, and those of their family, which name the outcomes most meaningful to that child and family. In general, however, as applied to Head Start programming, these outcomes cover areas such as enhanced school readiness skills, sustained learning, and developmental gains across early childhood and into elementary school. Those are outcomes behind which every public system and its stakeholders can unite.

### Dual Capacity-Building Framework

The Dual Capacity-Building Framework is offered by the U.S. Department of Education primarily as a tool for use within America's educational systems. It seats schools squarely in the ecological context of community partnerships, including strong, functional partnerships with the families of students educated by those schools.<sup>11</sup> "Research shows that initiatives that take on a partnership orientation—in

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<sup>11</sup> This section is synthesized from *Partners in Education: A Dual Capacity-Building Framework for Family-School Partnerships*. (2013). Karen L. Mapp & Paul J. Kuttner. SEDL, Austin, TX. Available at <http://www.sedl.org/pubs/catalog/items/family132.html>

which student achievement and school improvement are seen as a shared responsibility, relationships of trust and respect are established between home and school, and families and school staff see each other as equal partners—create the conditions for family engagement to flourish.” (page 5)

The model is described broadly as “a scaffold upon which specific and detailed family engagement strategies, policies, and programs can be built,” and it is organized across four components:

1. Capacity Challenges
2. Opportunity Conditions
3. Policy and Program Goals
4. Family and Staff Capacity Outcomes

**Capacity Challenges:** This model explicitly places equal weight on the need to develop capacity on both sides of the partnership – school or system staff and parents/families/caregivers. “A common refrain from educators is that they have a strong desire to work with families from diverse backgrounds and cultures and to develop stronger home-school partnerships of shared responsibility for children’s outcomes, but they do not know how to accomplish this. Families, in turn, can face many personal, cultural, and structural barriers to engaging in productive partnerships with teachers. They may not have access to the social and cultural capital needed to navigate the complexities of the U.S. educational system, or they may have had negative experiences with schools in the past, leading to distrust or to feeling unwelcomed.” (page 7) Therefore, strategies designed by an individual school or agency, or by any of the public education and service systems, are designed to simultaneously recognize and address the capacity challenges on both sides of this partnership.

**Opportunity Conditions:** This model asks planners to first recognize the challenges (above) and then seek or create opportunities to address those challenges, which the model organizes as *Process Conditions* and *Organizational Conditions*. *Process Conditions* are the entire series of actions, operations, and procedures undertaken to drive the design of improvement strategies. These conditions are created by striving to a) link all actions to the fundamental mission of the organization or system (i.e., in education, to educate), b) build respectful and trusting relationships, c) slowly build capital (referring to competencies and resources) among stakeholders through empowerment, and d) build learning communities and networks to foster learning and communication. The *Organizational Conditions* are aimed at promoting fidelity and sustainability in building the partnership culture and they include ensuring that the strategies are a) systemic, b) integrated, and c) sustained.<sup>12</sup>

**Policy and Program Goals:** This component of the model clearly articulates that policies and driving program goals must be designed to incorporate engagement strategies at all levels and in all ways, with a focus on building four distinct and interrelated elements: 1) Capabilities – skills and knowledge on both sides of all partnerships; 2) Connections – relationships and networks built on mutual respect and trust; 3) Confidence – levels of comfort and confidence around engagement by all partners in the relationships; and 4) Cognition – awareness and understanding of the assumptions, beliefs, and

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<sup>12</sup> It should be noted by the reader that the Opportunity Conditions in this model are a partial restatement of the System of Care Guiding Principles focused on community-based, team-based, least restrictive, family-driven care, while the Organizational Conditions are closely aligned with the System of Care emphasis on the development of cross-system infrastructure at the community and state system levels.

worldviews held by all partners. The uniting belief driving this model is that all system staff and all parents/caregivers/families must be able to view themselves as partners in the processes of raising children and youth to a healthy, productive maturity.

Family and Staff Capacity Outcomes: A key component in this model is that the outcomes to be achieved through implementation need to be individually tailored to the community, systems, and population to be served, driven ultimately by student achievement and learning (and health and well-being). In fact, the outcomes need to be defined within and by the partnerships that form in each community. The model designers have suggested that those outcomes be set in the context of a fundamental belief that parents and families, irrespective of class, education, past experiences, or culture, can be:

- Supporters of their child’s learning and development,
- Encouragers of a positive, achievement identity,
- Monitors of their child’s time, behavior, boundaries and resources,
- Models of lifelong learning,
- Advocates for improved learning opportunities,
- Decision-makers regarding educational options for their children, and
- Collaborators with school staff and members of the community for improvement and reform.

#### ISBE Family Engagement Model

Building in part on models such as those already described, the Illinois State Board of Education developed its own approach to family engagement strategies in the schools, as articulated in the ISBE Family Engagement Framework.<sup>13</sup> An initial description of the model driving this framework is quite clear: “Families are engaged by developing family engagement systems, building welcoming and supportive environments, enhancing communication with parents, and including parents in decision making. Effective family engagement efforts occur on an ongoing basis and are embedded in school policies and practices.” (page 8)

This process-oriented framework is built upon these four primary principles or areas of development:

1. Develop a family engagement system
2. Build a welcoming and supportive environment
3. Enhance communication
4. Include parents in decision-making

The Guide, provided to Illinois school districts, describes the content for the school side of the partnership with families: “Core elements of a professional development system for family engagement include: standards; curriculum that advances skills, knowledge and attitudes; collaboration among various stakeholders; continuing professional development; and evaluation for learning and continuous improvement.” (page 10) It articulates detailed strategies in the four areas of development listed above.

Likewise, content for the family side is described as follows: “Families will also present capacity building needs related to engagement that should be addressed. Research has found that parents’ personal self-

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<sup>13</sup> Quotes in this section taken from Family Engagement Framework: A Guide for Illinois School Districts, Schools, and Families. Developed in collaboration with the American Institutes for Research and the Academic Development Institute. (2015). Found at <http://isbe.state.il.us/family-engagement/html/framework.htm>

efficacy has a significant impact on whether or not they will engage in activities that support their children’s learning and healthy development. Personal self-efficacy refers to a parent’s belief that he/she has the necessary knowledge and skill sets required by the activity, as well as the belief that it will result in positive outcomes for his/her child.” (page 11) This content strongly emphasizes the need to build confidence and competencies among parents who may not all come to the partnership with those characteristics and places some responsibility on school systems to create opportunities to develop and strengthen those characteristics wherever possible.

The bulk of this framework is devoted to presenting standards that can be adapted by individual districts to promote and develop family engagement, covering each of the four principle areas listed earlier but organized under Eight Essential Elements: 1) Comprehensive Planning; 2) Leadership; 3) Curriculum; 4) Assessment (of students); 5) Instruction; 6) Professional Development; 7) Conditions for Learning; and 8) Family and Community Stakeholders. As in the previous models, these standards are offered in fairly generic language, with the assumption that districts will individualize and shape the standards to reflect local stakeholder input and priorities.

### Common Model Elements

As stated in the introduction to this section, the models described herein reflect a heavy emphasis on implementation in community school systems, although always with the assumption that other community stakeholders participate in planning and implementation. In the System of Care model, initially designed to apply to work on behalf of children, youth, and young adults facing mental health challenges and their families, schools play a central role in promoting healthy social-emotional development and positive mental health, identifying those students who express social emotional developmental concerns and/or behavioral health challenges and providing interventions and accommodations to treat or ameliorate those concerns and challenges. In all of these models, when references to “schools” or “school districts” appear, the terms “agencies” or “service systems” can easily be inserted and the meaning does not change, nor do the strategies require modifications. Although most of these models are presented using educational language, the fundamental elements have broader application to the full range of stakeholders in communities interested in the health and well-being of their children and families.

Analysis of the models presented above, along with other model information found during this Study, reveals eleven elements of family engagement initiatives that are contained in all, or almost all of these models. Each element is presented and briefly discussed below, with the intention that these elements be used to guide development and implementation of systemic actions to promote and strengthen family engagement practices within New Hampshire systems and communities.

*1. Family engagement is framed strongly within the context of system missions and major goals.* Efforts to develop effective parent/family engagement in the education and care of their children need to be anchored within the core missions or purposes of all participating agencies and systems, and the impact of those efforts needs to be understood as critical to successful fulfillment of the agency or system mission. To the extent that positive family engagement is not already explicitly recognized in mission and goal statements, those statements need to be reviewed and improved to articulate the importance of positive family engagement in all aspects of system functioning.

*2. Family engagement approaches are built upon multidisciplinary partnerships and shared responsibilities.* No one system or program or committee can effect meaningful family engagement

programming absent a strong community and system context. Manifold expertise from various disciplines and experience bases needs to be integrated in all aspects of family engagement strategy development and implementation. Each discipline brings necessary competencies and resources to this work.

*3. The creation and support of effective family engagement programming is developmental.* Each community, each school and agency, each system needs to begin with an assessment of where it currently stands, with respect to effective family engagement practices, and build implementation strategies from that current state. Implementation of effective family engagement strategies will take time and will be built on an integrated and sustained unfolding of complex stages. Long-term maintenance of such strategies will require continuous attention and commitment by system leadership to the central importance of family engagement in fulfilling system mandates.

*4. Implementation of effective family engagement strategies evolves through comprehensive planning and implementation processes.* Effective strategies will not be single, stand-alone events offered sporadically or in discontinuous formats. Detailed planning processes, with meaningful participation by multiple stakeholders, will lead to broad and shared responsibilities for implementation and detailed monitoring to link strategies to the intended outcomes. The planning and implementation processes will be ongoing and will require continuous attention by all stakeholders and each community as a whole.

*5. Collaborative partnerships stand at the heart of planning, implementation, and monitoring.* Leadership must emerge from multiple sectors within the community; leadership needs to establish and maintain an environment within which all stakeholders are encouraged to express their perspectives; those perspectives need to impact the planning and implementation; the responsibilities for implementation of family engagement strategies need to be spread across many partners and system levels; and all stakeholders need to recognize their role in monitoring the results and impact of strategy implementation. These collaborative partnerships need to seek the attention of the public's eyes: successes and improvements need to be recognized and celebrated as an outcome of effective collaborative partnerships in the community, reflecting shared ownership; challenges and system failings need to be acknowledged and jointly owned, reflecting shared responsibility to address those challenges and failings.

*6. Public systems, including education and service sectors, hold a responsibility to lead the planning, implementation, and monitoring processes.* The power in public systems is held by the entities receiving and utilizing public resources, and those systems hold an obligation to demonstrate leadership in improving family engagement in all systems and activities. At the same time, that leadership must be wielded to create opportunities for parents/families to participate meaningfully and shape processes and solutions at every level. Whenever possible, system leaders need to seek and support parent/family co-leadership of committees, councils, work groups, and other 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.* Effective planning and implementation efforts will necessarily be matched with measurable process outcomes that reflect the intent of those specific strategies; however, these short-term and intermediate process outcomes need to be linked to the child and family outcomes that reflect the primary missions of all partner systems and agencies. The most fundamental choices for long-term

outcomes need to be based on child success and well-being – the assurance that children have the best possible chance to grow up to be self-determining, contributing members of the community.

*8. All planning and implementation activities will define expectations and, where possible, indicators/standards for the outcomes sought by those activities.* For every strategy included in a plan, desired or expected family engagement outcomes need to be defined in terms to assure that success, or lack of success, can be recognized by stakeholders. To the extent possible, those expectations, indicators, or standards will form the basis of monitoring and evaluation strategies that are an essential element of the implementation process.

*9. Two-way communication between systems and parents/families is an essential tool in effective implementation of family engagement systems.* Meaningful communication is the result of deliberate strategies aimed exclusively at promoting that communication. (Even the development of those strategies requires communication about communication strategies!) The importance of creating effective communication tools and methods begins with the assessment and planning processes and extends to the day-to-day interactions of school and service system staff with parents and family members as they all go about their daily activities. The skills of listening need to be embedded throughout all partnerships.

*10. Effective family engagement strategies will focus equally on the development of competencies on both sides of the partnership.* At the present time, too many staff working in schools and service systems have had relatively limited opportunities to develop the competencies needed for successful engagement with families, and those opportunities need to be expanded and improved within a system of care workforce development framework. Likewise, many parents may have had limited opportunities to develop the competencies needed to confidently advocate on behalf of their children with the school and system personnel who control activities to which their children are exposed. Systems need to accept a major responsibility to frame multiple opportunities to assist in expanding and supporting those competencies for all parents and families who wish to engage.

*11. Family engagement partnerships are, at the core, deeply personal and unique, individual relationships.* It is not possible to legislate or demand effective partnerships as a requirement of participation in education and service systems. Systems and individuals representing those systems need to understand the personal nature of those partnerships and be supported to develop the competencies necessary to engage effectively in such partnerships. Parents seeking the best possible care and education of their children are expressing deeply personal desires and need to be respected for those desires and the manner in which they are expressed, even when the manner is awkward, strongly emotional, or borders on offensive.

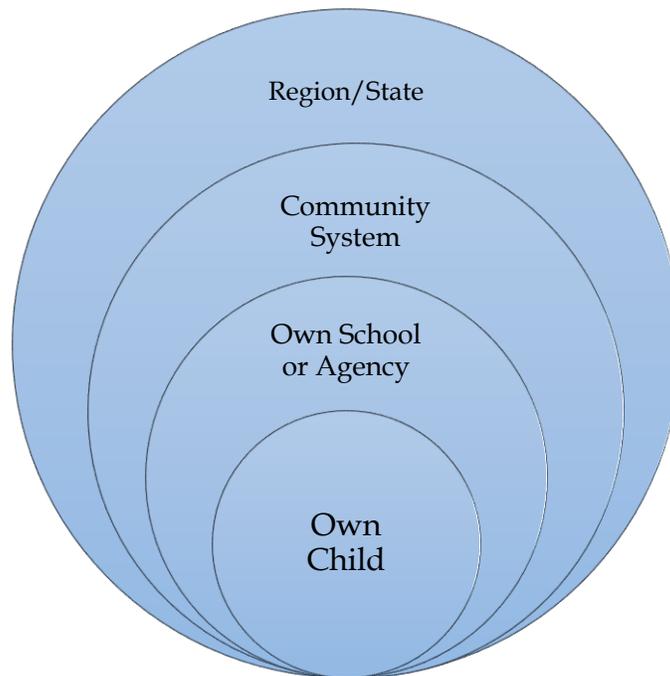
This set of 11 elements drawn from a variety of conceptual models for effective family engagement policies and practices offers guideposts to New Hampshire stakeholders for setting a course of action for the State's public systems and the children and families they serve. The best practices described in the following section of this report are most likely to achieve success when conceived and implemented in the context of these 11 elements.

## Best Practice Information

### Organization of Information

The amount of recommended and best practice information available across multiple disciplines and systems is massive, and many of the practices are described within a discrete organizational scheme and using discipline-related language. Therefore, an organizing framework is necessary to present best practice information in this Study in a way that makes it accessible to readers.

The author chose to orient this information to the perspective of families with children in the community, leading to four levels of organization represented in the simple diagram below. The diagram clearly shows that the core level – a family’s perspective about and advocacy for their own child – is at the center of all family engagement activities and nestled within broader perspectives, including individual schools/agencies, the community, and the region/state level within which policies are established and public funding allocated.



**Own Child:** Family Engagement is driven by education/services to improve the education, health, and well-being of their own child. Engagement will be very personal and highly individualized.

**Own School or Agency:** Family Engagement is driven by activities to improve the health and well-being of children and families within the particular school/agency familiar to or involved with their own child. Engagement touches some known peers of the child and families possibly familiar to the family.

**Community System:** Family Engagement is focused beyond any one school or agency, seeking improvements in the health and well-being of families across the community in which the family lives or is involved. Engagement at this level will have increased social and political components.

**Region/State:** Family Engagement is focused beyond the community and is intended to impact multiple communities (region) or the health and well-being of families across the state (could also include national). Engagement will be largely, but not exclusively, around political advocacy.

These categories are offered only to help organize this presentation of best practices in parent and family engagement. In this Study, parental engagement in order to assist one's own child is given no more, nor no less, value than becoming an active advocate in a statewide movement. However, as systems, schools, and agencies consider actions to increase and strengthen family/parent engagement, it is helpful to recognize that engagement is almost always initially motivated by caring about one's own child. In most cases, parents who become engaged at the agency/system, community, and state levels begin their journey by responding to their own life experiences; therefore, this organizing framework may be viewed as a succession or progression of categories following the path often traveled by highly engaged families – from trying to help their own child to embracing the cause and helping others.

For presentation of best practices within these categories, two “sides” of the engagement picture at each level are actively considered: 1) system/agency policies and practices, and 2) parent/family/caregiver actions and opportunities. On the first side, systems/agencies can and need to set policies and implement practices that

- are welcoming to parents and families,
- embrace the model of equal partnership on behalf of the children,
- encourage and support parents to actively engage,
- build capabilities among staff and parents to engage positively and successfully,
- evaluate and monitor the effectiveness of engagement, and
- always strive to improve or increase the effectiveness of engagement.

On the second side, parents can and need to take actions and use or create opportunities to become more actively engaged on behalf of their children. The best practices identified in this Study are sometimes focused on the system/agency side of this partnership, sometimes on the parent/family side of this partnership, and sometimes on both.

Note: The organizing framework described above and the “sides” just described are artificial tools to create order among a broad set of best practices reviewed in this Study. In reality, many practices bridge individual categories, most practices can be useful at multiple levels (and are thus mentioned in multiple places), and most of the practices are best implemented when both “sides” of this partnership are actively, equally, and jointly involved in the implementation process. Readers may frequently ask, “Why is this practice in this category?” The answer is that many of these strategies can and will be effective at multiple levels.

Finally, it is critically important to acknowledge one best practice area that stands both above and throughout all levels and categories in an organizing structure – culturally and linguistically competent practices. This report begins the presentation of best practices in parent/family engagement with a discussion of culturally competent best practices.

## Best Practices – Cultural Competence

Across the broad fields of health and well-being, there are well-documented inequities in access to and provision of health services that are based on race and/or ethnicity. The provision of health and health-related services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help lessen those documented inequities and the National CLAS Standards were designed to guide efforts to accomplish that task. The Office of Minority Health within the U.S. DHHS first published the National Standards for Culturally and Linguistically Appropriate Services in Health Care (National CLAS Standards) in 2000, with a major revision and update in 2010. These standards are relevant to parent/family engagement practices, reaching beyond health care into education and other public service fields, to ensure that all families—irrespective of race, ethnicity, literacy, country of origin, or language spoken in the home—can actively engage in education and services for their own children and become active in systemic decision-making on behalf of their own and other children.

The current CLAS Standards follow<sup>14</sup>:

### Principal Standard

- 1)** Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

### Governance, Leadership and Workforce

- 2)** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- 3)** Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4)** Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### Communication and Language Assistance

- 5)** Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6)** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7)** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 8)** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### Engagement, Continuous Improvement and Accountability

- 9)** Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
- 10)** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
- 11)** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 12)** Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the

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<sup>14</sup> The CLAS Standards and a range of resource materials can be found at:  
[https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas\\_standards](https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards)

service area.

**13)** Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

**14)** Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

**15)** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Many aspects of these standards are directly relevant to parent/family engagement in education and service areas, as will become obvious through the remainder of this report, and they merit articulation here. The Principal Standard, which might be viewed as a mission statement for everyone working with children and their families, underscores the need to make that work accessible and comprehensible for the people being served—ensuring that communication about every aspect of that work is offered in a manner that can be understood by the recipients. While language preference is a simple and obvious core of this approach (if one only understands French, then understanding can only occur if French is used to explain the work), this standard also states that educators and providers must be aware of how the words used to communicate are heard by the individual, which requires some understanding of the cultural lens through which the person receives those words. The responsibility rests with the system to make the effort to communicate (engage) with the person in a manner they can understand.

The next three standards, under the heading Governance, Leadership and Workforce, relate to the best practices offered in the final sections of this report describing engagement at the community system, regional, and state levels. As will be seen there, parent and family engagement in system decision-making activities related to governance, policy-making, goal-setting, and resource allocation is important for system success and these standards emphasize the need to ensure that diverse parent and family voices are heard in all of those processes and that those processes are always mindful of the diversity of persons served in those systems.

The next four standards, under the heading of Communication and Language Assistance, apply at all levels of engagement described in this report, from individual practices offered to specific children and families to broad systemic practices at the regional and state levels. Public systems hold the responsibility to ensure that all messaging about their work can be understood by the people to whom it is directed, inclusive of the diversity represented in every community. Therefore, language assistance needs to be accessible, offered by systems when needed, and competent to the activities or services being provided. The provision of an interpreter simply to translate words into another language may not be viewed as competent if the interpreter is unprepared to understand the cultural meaning of those words to the parents with whom they are speaking about their child's special needs. Beyond individual children and families, system media activities, such as those designed to provide service outreach in the community, need to be offered in ways and languages that can be understood by the populations of focus within the community.

The final set of seven standards, under the heading of Engagement, Continuous Improvement and Accountability, may be most relevant to this project's focus on parent and family engagement. Most simply, these standards emphasize the need to ensure that all system work to improve engagement practices and outcomes needs to attend and be responsive to the diverse populations being served. All

goals and policies need to include attention to diverse populations; all aspects of system functioning need to include cultural dimensions to ongoing assessments and quality improvement practices; all data gathering and reporting processes need to include attention to equity and proportionate care issues; all of these processes require stakeholder participation that includes diversity representative reflecting the community being served; and all of these issues need to be publicly reported by publicly-funded systems.

Culturally and linguistically competent practices, whether in parent/family engagement or any other area of system functioning, cannot be attained only by narrow, focused activities labeled “cultural competence.” Rather, the concepts of diversity and representation inclusive of the community must be embedded in all system activities, at all levels. For this reason there are few specific practices listed in the following sections aimed at addressing cultural or linguistic issues. The reader should, however, keep the CLAS Standards in mind when beginning to plan for the use of any of these practices or seeking to improve current practices.

### **Best Practices Supporting Family Engagement for their Own Child – Agency/School/System**

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>15</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.

In addition, the ACF review identified the named best practices being promoted within each of these disciplines that incorporate some or all of the expectations in the previous list:

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<sup>15</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>

**Child Welfare:** Differential/Alternative Response; Engaging Families in Case Planning; Family Group Decision-Making; Father Involvement Interventions; Intensive Family Preservation Services; Motivational Interviewing; Parent Partner Programs; Solution-Based Casework.

**Behavioral Health:** Brief Strategic Family Therapy; Family-Driven Care; Intensive Family Support Services; Motivational Interviewing; Multisystemic Therapy; Parenting With Love and Limits.

**Juvenile Justice:** Brief Strategic Family Therapy; Functional Family Therapy; Motivational Interviewing; Multidimensional Treatment Foster Care; Multisystemic Therapy; Parenting With Love and Limits.

**Early Childhood Education:** Family-Provider Relationships: High Quality Practices; Engaging Diverse Families' Exemplary Programs; Parent, Family, and Community Engagement Framework.

**Education:** Parental Information and Resource Centers; Dropout Prevention Strategies and Model Programs; School, Family, and Community Partnerships.

This list is important because it emphasizes the parallel nature of practice development within each of these fields; NH system staff within each of these systems will recognize some of the named practices in this list, and some are currently being promoted and/or utilized within NH systems. The common expectations across these programs need to be recognized by the individual systems. Consideration can be given to intersystem planning to determine the degree to which the supporting infrastructures (including at least policies and procedures, workforce development, coaching, fidelity monitoring, and evaluation) for these various practices could be integrated, leading to increased efficiency, lower overall cost, and better outcomes to the children, youth, and families served by multiple systems.

Separately, the ACF Office of Planning, Research & Evaluation, released an Issue Brief<sup>16</sup> presenting “high quality practices” in family-provider relationships identified through a multidisciplinary literature review that succinctly captures the key practices for building effective partnerships with families. At the same time, the National Center on Parent, Family and Community Engagement at Harvard University published a toolkit<sup>17</sup> describing the practices necessary to build positive, goal-oriented relationships between Head Start programs and the families served in those programs. Inasmuch as these two lists contain similar, overlapping items, the list presented below reflects an integration of these two efforts for the purposes of this Study, followed by a brief discussion of the identified practices.

Provider (include schools and all types of community service agencies) behaviors that promote successful relationships with families can generally be grouped into two types: *relational practices* and *goal-oriented practices*.

Effective *relational practices* include:

- Build on family and child strengths; use strengths as a starting point.
- Warmly support families in their role of raising children.
- Be flexible/responsive to the family's perspective (i.e., needs, preferences, culture).
- Be aware of and reflect on your own perspectives and how they affect the relationship.

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<sup>16</sup> **Family-Provider Relationships: A Multidisciplinary Review of High-Quality Practices and Associations With Family, Child, and Provider Outcomes.** Forry, Moodie, Simkin, & Rothenberg, 2011. Issue Brief; Office of Planning, Research & Evaluation, ACF - [http://www.acf.hhs.gov/sites/default/files/opre/family\\_provider\\_multi.pdf](http://www.acf.hhs.gov/sites/default/files/opre/family_provider_multi.pdf)

<sup>17</sup> Building Partnerships: A Guide to Developing Relationships with Families, National Center on Parent, Family, and Community Engagement, Harvard University, Boston (2011); supported through the Early Childhood Learning & Knowledge Center (ECLKC) in the Office of Head Start within ACF.

- Be conscientious and persistent over time in interactions with families.
- Prioritize positive, regular, two-way communication.
- Value and support a family's passion for their children.

Effective *goal-oriented practices* identified in these two reviews include:

- Observe and describe the child's behavior to inform communication with the family.
- Provide information that reflects knowledge held by the provider and community resources.
- Advocate for the family and connect them to peer and community supports.
- Prioritize joint goal-setting and decision-making with the family.
- Support existing parenting competencies and the development of new competencies.
- Offer family-friendly facilities and planned events.

The first integrated list of *relational practices* reflects two obvious themes: 1) good practices in building effective relationships are the same whether speaking about personal friendships or professional partnerships; and 2) there is a significant "authenticity" component in these practices that is difficult to train and cannot be faked. These themes suggest many strategies with respect to school and service system efforts to implement family engagement best practices:

- System recruitment and hiring processes need to emphasize relational skills in candidate selections;
- Systems need to actively build relational skills into job descriptions;
- System supervisors need to create and utilize supervision as an environment within which to build relational skills in staff;
- Professional training programs need to incorporate the development of relational skills more explicitly into graduate and professional training programs;
- The current development of relational skills in our community's children will, in some senses, prepare the service and education workforces of the future. In other words, there is a place within public education for building relational skills in students.

In addition, leaders and managers of education and service systems need to create work environments that support and promote the relational skills listed above (build on strengths, offer warm support, be flexible, be aware of different perspectives, be conscientious and persistent, prioritize positive two-way communication, and value passion) among the staff expected to engage effectively with families and their children. If employed staff are expected to manifest these behaviors, they need to work within a culture and environment that values and utilizes those same practices. We cannot expect staff to offer their customers warm, flexible responses if they are required to function in an environment demanding rigid adherence to policies and manualized procedures and lacking in relational supports. The system cultural changes necessary to implement effective family engagement practices will necessarily have broader effects on system cultures and environments.

The second integrated list of *goal-oriented practices* is also important as it describes strategies that lead to the relationships school/agency personnel are asked to form with families: system staff need to be allies with families, working in partnership on behalf of the well-being of the child and helping each parent be a better parent. This finding seems overly simplistic and obvious. It may also seem idealistic and blind to the perceived realities of system staff who describe parents/families as adversarial, non-

compliant, and sometimes antagonistic to staff trying to help their children. These common perceptions are indicative of the challenges facing system leaders in trying to inculcate these types of practices more strongly into all aspects of system functioning. These “obvious, simplistic” practices are not simple or obvious in any way. It can be argued that strengthening staff competencies in relational and goal-oriented practices is the most obvious path towards decreasing “adversarial, non-compliant” behaviors among parents.

The National PTA, which networks together parents, teachers, and administrators (and even some students) from local schools, school districts, and state organizations, has published national standards<sup>18</sup> for the family-school partnership that “identify what parents, schools, and communities can do together to support student success” (page 5) and neatly sum up the application of the practices described above.

**Standard 1—Welcoming All Families into the School Community**

Families are active participants in the life of the school, and feel welcomed, valued, and connected to each other, to school staff, and to what students are learning and doing in class.

**Standard 2—Communicating Effectively**

Families and school staff engage in regular, two-way, meaningful communication about student learning.

**Standard 3—Supporting Student Success**

Families and school staff continuously collaborate to support students’ learning and healthy development both at home and at school, and have regular opportunities to strengthen their knowledge and skills to do so effectively.

**Standard 4—Speaking Up for Every Child**

Families are empowered to be advocates for their own and other children, to ensure that students are treated fairly and have access to learning opportunities that will support their success.

**Standard 5—Sharing Power**

Families and school staff are equal partners in decisions that affect children and families and together inform, influence, and create policies, practices, and programs.

**Standard 6—Collaborating with Community**

Families and school staff collaborate with community members to connect students, families, and staff to expanded learning opportunities, community services, and civic participation.

The reader will notice first that there is strong overlap between the relational and goal-oriented practices discussed previously and these six standards from the National PTA. Again, strong two-way communication, the alliance between staff and parents on behalf of the best interests of the child, the positive role of advocacy, power-sharing, and linkages to the community context are emphasized.

Second, as has been the case throughout this Study, everywhere these standards use the word “school” the words “agency” or “system” can easily be substituted without changing the meaning or intent of the standard. These are practice expectations framed for the education system that are applicable across all of the public systems. When “learning” and “learning opportunities” are expanded to include the

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<sup>18</sup> PTA National, Standards for Family-School Partnerships: An Implementation Guide (2009). National Conference of Parents and Teachers, Washington, DC. Retrieved from [http://www.pta.org/files/National\\_Standards\\_Implementation\\_Guide\\_2009.pdf](http://www.pta.org/files/National_Standards_Implementation_Guide_2009.pdf)

notions of “health” and “well-being,” these practice standards create model expectations for building family engagement practices across the entire system of care.

### **Best Practices Supporting Family Engagement for their Own Child – Parents/Families**

A popular mantra around which family advocacy organizations have united says, “Nothing about us, without us.” This statement challenges system leaders and stakeholders to be inclusive in all aspects of planning, managing, monitoring, and evaluating public systems that serve children, youth, and their families. It begins at the individual child/family level – “don’t talk about or make plans for my child without including me in the conversation” – and extends to system planning activities – “don’t set policies or make allocation decisions that affect my child without including me in the conversation.”

This mantra, like the engagement partnership, has another side, of course, and that is the imperative that parents/caregivers take advantage of opportunities to be at the table—to be part of the conversations that are about or affect their child. However, a number of parental factors have to be considered in order to assure that parents can and will come to the table when invited.

*Feeling welcome* – The preceding section placed a strong emphasis on implementing school/agency practices that truly welcome parental involvement and input.

*Knowing when and how to be involved* – Parents need information from schools and agencies about the programs in which their children are involved and especially about opportunities for their involvement.

*Having the skills to be involved* – Parents need to understand how systems and programs operate, their rights in those programs, how meetings are conducted, how to ask questions, how to hear answers, and how to apply new learning to their child and family. Some parents will come to the engagement process with some or all of those skills, while others will not, and schools/agencies need to be prepared to work with that full range of existing skills.

*Having confidence to be involved* – The many practices discussed in the preceding section about rebalancing system relationships with parents to become more mutual and more shared are relevant to this factor. The education and service systems cannot promote practices based on the assumption that parents are ignorant or to blame for the challenges their children face; instead, they need to promote practices that support and build confidence in parents’ abilities to act positively on behalf of their child. This is especially important for parents/families who may have had past experiences with schools or agencies that were negative, traumatic, or unsatisfying.

*Being supported to be involved* – Parental isolation leads to less involvement and less confidence in supporting their child, so strategies to increase support for parents will contribute to successful engagement. Peer-to-peer relationships and the availability of support groups are highly effective in giving such support.

*Seeing benefits for their child* – Parents need to experience some reward for actively engaging with schools/agencies, and the rewards most likely to impact them are the changes or improvements they see in their child. Therefore, those benefits for the child need to be the focus of interactions and the long-term goal of every action.

*Receiving positive reinforcement for involvement* – Beyond benefits for their child, it is helpful when parents themselves receive reinforcements for engagement – said simply, engagement with the school and agencies needs to feel good to them.

The best practices detailed in the following information are aimed at addressing these factors, individually and collectively.

Within treatment systems that address a wide range of challenges faced by certain children, youth, and young adults, and their families, behavioral health challenges frequently present a major and/or complicating factor. The American Academy of Child and Adolescent Psychiatry (AACAP) and its members play a significant role in planning and implementing treatment strategies for those youth and families. In October, 2009, AACAP released a Policy Statement<sup>19</sup> which clearly outlines what that organization considers to be best practice with regard to meaningful family and youth engagement in treatment.

“Family and youth involvement is essential at each phase of the treatment process, including assessment, treatment planning, implementation, monitoring, and outcome evaluation. Family and youth partnership also needs to inform decision making at the policy and systems level. Family priorities and resources must be identified and should drive care.

Throughout the treatment process families and youth must:

- have the right to be involved in making decisions regarding providers and others involved in the treatment team;
- be encouraged to express preferences, needs, priorities, and disagreements;
- collaborate actively in treatment plan development and in identifying desired goals and outcomes;
- be given the best knowledge and information to make decisions;
- make joint decisions with their treatment team; and
- participate actively in monitoring treatment outcomes and modifying treatment.” (pages 2-3)

This statement describes family and youth involvement in treatment decisions as a “right,” emphasizes the shared responsibilities between the family and providers of care, strongly supports two-way communication, and underscores the importance of knowledge and information on both sides of the engagement. The statement also gives importance to family and youth engagement at the individual treatment level and at the policy and system decision-making level. Inasmuch as behavioral health treatment teams and provider agencies often utilize psychiatrists as the highest level of authority, with their sign-off commonly required on treatment plans and treatment implementation, this policy position clearly guides the behavioral health treatment system to utilize effective family engagement practices. This stance is also in strong alignment with fundamental System of Care principles.

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<sup>19</sup> American Academy of Child & Adolescent Psychiatry, “Family and Youth Participation in Clinical Decision-Making”, 2009. Available at [http://www.aacap.org/aacap/policy\\_statements/2009/Family\\_and\\_Youth\\_Participation\\_in\\_Clinical\\_Decision\\_Making.aspx](http://www.aacap.org/aacap/policy_statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx)

In other words, from a family's initial contact with the treatment system through the implementation and monitoring of care, irrespective of the severity or duration of the challenges faced by the child or youth, the family needs to be actively involved as at least an equal partner; further, to the extent they are functionally able to be actively involved, this same expectation applies to the child or youth receiving care.

Circles of Parents, a national network of self-help parent support groups, offers very concrete, specific guidance to best practices for parents whose children are involved in care:<sup>20</sup>

“Get self and family to group. Participate by attending regularly, on time. Follow children's program rules. Act on ideas learned through group. Report back to group on successes and challenges. Share honestly and offer ideas and support to others. Participate in parenting classes or other educational activities as needed for personal growth. Take leadership role in own family. Advocate on behalf of self and children with schools, doctors, and other professionals. Facilitate family meetings to plan fun events or solve problems. Model appropriate discipline, self-control, active listening, compassion and compromise for children and others. Take responsibility for solving personal problems: e.g. mental health issues, drug/alcohol issues, anger management problems, etc. Practice forgiveness for self and others and know that we all make mistakes, even leaders.”

These practices strongly center on parents supporting one another, recognizing that each child's challenges may not be unique, and combatting the isolation that may surround parents who feel as though they are alone and the only family experiencing such challenges. It must also be pointed out that schools and agencies may often need to play a facilitating role in making sure that parents have access to opportunities to connect with other parents, whether informally (i.e., introducing parents to one another) or through functioning support groups.

Further, there are four specific practice models operating within various systems of care throughout the country that are strongly driven by the engagement, involvement, and meaningful participation of parents in the care of their own children and in offering support to other parents: 1) team-based care planning and monitoring; 2) parent support partners; 3) peer-to-peer support programs; and 4) advocacy and support organizations. These models overlap and interact in many communities; for the sake of understanding the different approaches, each best practice is discussed here briefly.

#### Team-Based Care Planning and Monitoring

Multiple models of team-based care planning and monitoring have been developed and implemented across service systems and communities, such as Family Group Decision-Making, Family Team Conferencing, and Wraparound. The various models have implementation differences, but for the purposes of this Study, they all share certain characteristics relevant to effective family engagement in the care of their own child. This Study describes these characteristics within the model and language of Wraparound, with an understanding that the description generally applies to other models in practice.

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<sup>20</sup> “Circles of Parent Leadership”, Circles of Parents, the National Network of Mutual Support and Self-Help Programs in Partnership with Communities, Virginia. 2015. Found at <http://circleofparents.disscada.com/about/parent-leadership/>

“Wraparound<sup>21</sup> is an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams.” The idea expressed in the name of this model is that the family and child sit at the center of all decisions and activities, with formal services and informal supports “wrapped around” them. 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. Wraparound training of staff usually emphasizes “voice and choice,” which stipulates that the perspectives and preferences of the family and youth are given primary importance in all stages and activities. As a result, the plans and planned interventions are highly individualized, respectful to the family’s culture, built on the recognized and emerging strengths of the youth and family, and community based.

Note that this model for developing a care plan and evaluating its impact is in contrast to a more traditional “expert” approach in which someone with professional training and experience “tells” a family what is “wrong” with their child and “tells” the family what must be done to “fix” the identified problem. This contrast is highlighted here because many service and education system policies and procedures are still based upon that “expert” model and a significant number of professionals active today within the education and service systems received training within this older model.

It should also be noted that several programs currently operating in New Hampshire utilize the wraparound model:

- RENEW,<sup>22</sup> a program of the University of New Hampshire’s Institute on Disability, which has for 20 years offered this structured, school-to-career transition planning program incorporating wraparound processes; IOD is currently expanding its role in training wraparound practices;
- New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS),<sup>23</sup> a program offered in the context of implementation of the Positive Behavioral Interventions and Supports (PBIS) program and identifying wraparound as the strategy of choice when school supports alone or in combination with community mental health and other services are insufficient to address child and family needs;
- FAST Forward,<sup>24</sup> a federally-funded initiative to improve the lives of children and youth with serious emotional disturbances and their families by decreasing behavioral and emotional problems and improving functioning in home, school, and community for these youth;
- Safe Schools/Healthy Students,<sup>25</sup> a federally-funded initiative to improve social and emotional skills among young children, reduce violence and behavior problems in schools, improve behavioral health outcomes for the highest need students, engage youth and families in system decision-making, and reduce alcohol and drug use among school-aged children; and

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<sup>21</sup> Wraparound Basics, National Wraparound Initiative. All information found at <http://nwi.pdx.edu/wraparound-basics/>

<sup>22</sup> More information available at [http://iod.unh.edu/Projects/renew/renew\\_main.aspx](http://iod.unh.edu/Projects/renew/renew_main.aspx)

<sup>23</sup> More information available at <http://nhcebis.seresc.net/wraparound>

<sup>24</sup> More information available at <http://nh4youth.org/collaborative/grants-and-projects/fast-forward>

<sup>25</sup> More information available at <http://www.nhstudentwellness.org/safe-schoolshealthy-students.html>

Project AWARE<sup>26</sup>, a federally-funded initiative to better prepare school staff to identify and respond to mental health issues; reduce school violence, bullying, behavior problems, and disciplinary interventions; reduce the need for intensive treatment placements of children and youth; and improve engagement of youth and families in system decision-making.

### Parent Support Partners

In general, behavioral health treatment programs have slowly brought people with lived experience – those who themselves are or have been diagnosed and/or treated for disorders – into service and support roles within agency programs. Substance abuse disorder treatment for adults was the earliest part of the behavioral health system to recognize and try to harness the value of that first-hand experience (i.e. Alcoholics Anonymous), and parents helping other parents has been a key component of systems of care for almost 30 years. In the past decade the prevalence of parent support partners, under many different names, has exploded, leading in the past five years to a national certification program offered by the National Federation of Families for Children’s Mental Health (FFCMH).<sup>27</sup>

A primary strategy of this type of program is offering a person who has, figuratively, “walked in my shoes” to a parent with a child facing challenges in need of intervention. As stated in the FFCMH material, such a parent support partner “can articulate their experience of parenting a child or teen experiencing emotional, developmental, behavioral, substance use, or mental health concerns, has received specialized training in helping other parents to understand children’s wellness, and receives regular consultation from a parent/peer supervisor.” As a result of this type of engagement, the parent being supported by such a peer can see someone “like me” who has survived and even turned that difficult experience with their own child into a positive by now helping other parents. This enables the parent being supported to become a better advocate for their own child and more able to be an equal partner to the professionals who may provide services and other supports to their family and child. Evidence from 20 years of implementing System of Care grants in communities across the country has enabled the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify parent support partners as an evidence-based best practice.

### Peer-to-Peer Support Programs

This type of support is based on the same philosophy as described above for parent support partners and is provided most commonly through parent-run support groups, such as those offered by members in the Circle of Families Network, referenced earlier in this section. 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. Support groups may be organized and/or supported by individual schools or agencies, and they may organize themselves more organically within the community by parents simply agreeing to talk together and support one another. A number of advocacy organizations operating within New Hampshire also organize and sustain such groups within the context of the specific disorders about which they advocate.

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<sup>26</sup> More information available at <http://www.nhstudentwellness.org/project-aware.html>

<sup>27</sup> More information available at <http://www.ffcmh.org/certification>

## Advocacy and Support Organizations

Advocacy and support organizations operate in a number of different fields and, generally, their most basic function is to offer support to individuals and families experiencing certain types of challenges. This type of resource includes family- or consumer-run organizations and organizations affiliated with various programs or service systems. The Leadership Team for this project includes several such groups:

- NH Family Voices – primarily advocating for families with children with special medical needs;
- PIC NH – primarily working with families and schools on educational processes;
- NAMI NH – individuals, families and friends affected by mental illness working to improve care for persons with mental illness, including a special focus on families of children with mental disorders;
- Granite State FFCMH – a family-run organization providing support and advocacy for families with a child or youth with, or at risk of, mental disorders;
- New American Africans – primarily focused on supporting and advocating for immigrants, generally, but not exclusively, from Africa.

Again, the primary orientation of these types of groups is toward individuals and families presently experiencing challenges and in need of support. 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. For the purpose of this Study, the critical factor is ensuring that parents/families who newly realize or discover that their child has a specific challenge can learn about and access these types of support and advocacy.

### **Best Practices Supporting Family Engagement in their Own School or Agency– Agency/School/System**

When attention shifts from individual children and families to a single school building or agency program, issues regarding governance, environment, and policies and procedures become more visible. Looking at best practices in schools and agencies to support family engagement across a population (not just a single child or family) introduces environmental assessments, group decision-making strategies, stakeholder involvement, leadership development, and supervision/management strategies.

Many national organizations have developed self-assessment tools for individual schools and/or agencies to use in assessing the current degree to which they have implemented effective family engagement policies and practices. Those include a variety of indicator sets, checklists, and performance levels, such as the following:

- New York State Afterschool Network Quality Indicators;<sup>28</sup>
- FRIENDS National Resource Center for Community-Based Child Abuse Prevention
  - Parent Leadership Development Checklist;<sup>29</sup>

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<sup>28</sup> Found at <http://www.nysan.org/quality-self-assessment-tool/elements-program-quality/parent-family-community-partnerships/>

<sup>29</sup> Found at <http://friendsnrc.org/cbcap-priority-areas-docs/cbcap-priority-areas/parent-leadership-and-involvement/parent-leadership-development-checklist/detail>

- Provider Self-Assessment for Parent-Professional Partnerships;<sup>30</sup>
- A Checklist of Policies that Support Parent Involvement and Leadership; Roles;<sup>31</sup>
- Family Friendly Check List (from Family Support Council of Ohio);<sup>32</sup>
- SPARK Policy Institute Board Self-Assessment on Family and Youth Involvement;<sup>33</sup>
- ACF Family Engagement Policy Critique.<sup>34</sup>

For the purposes of this Study, the most useful self-assessment tool appears to be the Family Engagement Strategy Checklist contained in a family engagement toolkit developed by BOSTnet.<sup>35</sup> As stated repeatedly in this Study, the language used in this checklist refers to schools but every strategy identified in this Checklist can be easily adapted to provider-based and community-based service programs.

The Checklist is organized into three levels of sophistication, making it useful to every school/agency, irrespective of whether they are beginning this process or have invested years in improving their family engagement practices. Following are examples of strategies identified at each level:

- Basic Involvement and Engagement Strategies (*16 total items*)
  - There are signs welcoming parents into the program space.
  - Staff deliberately introduce parents to each other.
  - Program holds periodic parent orientations – at different times and dates to allow for more parent participation.
  - Program has a clear and concise “Parent Handbook” that explains a program policies and procedures that families may need to know.
- Intermediate Strategies (*25 total items*)
  - Program has a parent suggestion box and staff are prepared to address parents’ suggestions constructively.
  - Program makes childcare available for younger siblings at meetings/conferences.
  - Program offers activities for both parents and staff together, such as exercise classes, workshops, first aid training, etc.
  - Program publically recognizes and thanks all parents that have been involved or helped in program activities.
- Advanced Strategies (*8 total items*)
  - Staff assist parents to advocate publicly for issues that affect the program and their child.

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<sup>30</sup> Meaningful Parent Leadership: A Guide for Success; FRIENDS National Resource Center for Community-Based Child Abuse Prevention. (2010). Found in Appendix A, Page 42.

<sup>31</sup> *Ibid.* Page 43.

<sup>32</sup> *Ibid.* Page 55.

<sup>33</sup> Spark Policy Institute, Family and Youth Involvement Workbook. Found at [http://www.sparkpolicy.com/fiscalfam\\_youth.htm](http://www.sparkpolicy.com/fiscalfam_youth.htm)

<sup>34</sup> Found at 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>

<sup>35</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>

- Program offers Parent Leadership Courses and actively recruits parents for those opportunities.
- Program has a program improvement council or board for which parents help set the agenda.

These items, selected randomly from the full checklist, convey broad expectations regarding parent engagement strategies:

- Engagement begins with and is nurtured through direct person-to-person contact;
- Every contact with a parent is an opportunity to deepen engagement;
- Engagement strategies are both personal (staff-to-parent) and procedural (i.e., family handbook);
- Flexibility is required to engage the full community of families;
- Interaction with and feedback from parents is welcomed, sought, and responded to seriously;
- Learning opportunities are important to staff and parents;
- Learning can take place with staff and parents together;
- Recognition of parent engagement nourishes such involvement; and
- Programs seek ways to engage parents in activities that shape the program itself.

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.

As with the assessments, many resources exist to help design and implement the strategies to make the necessary impact, some of which were identified above in the list of assessments. One of the best-organized set of implementation best practices is offered by the Centers for Disease Control and Prevention<sup>36</sup> and oriented toward parent engagement in school health programs. It is described here as an example of the types of resources available to all education and service organizations.

The CDC parent engagement implementation practices are organized into three types:

1. Make a positive connection with parents – **Connection** strategies;
2. Provide a variety of activities and frequent opportunities – **Engagement** strategies;
3. Address common challenges – **Sustaining** strategies.

The recommended **Connection** strategies or best practices align closely to the information presented earlier about family engagement models and principles:

- Ensure the school/agency has a clear vision for parent engagement that includes engaging parents in health-related activities.
- Ensure that school/agency staff have the ability to connect with parents and support PE in health activities.
- Ask parents about their needs and interests regarding the health of their children and how they would like to be involved in health activities.

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<sup>36</sup> Centers for Disease Control and Prevention. Parent Engagement: Strategies for Involving Parents in School Health Atlanta, GA: U.S. Department of Health and Human Services; 2012.

The focus on establishing a clear vision suggests that leadership is committed to effective family engagement and approaching it as an ongoing, long-term strategy; the second practice emphasizes the importance of assuring that staff understand the performance expectations about family engagement and have opportunities to develop the competencies needed to successfully fulfill those expectations; and the third practice clearly underscores the responsibility of system staff to engage in purposeful, two-way communication with families.

The recommended **Engagement** strategies are very specific and, in the reference document, numerous practice examples of each of the following strategies are offered in the document:

- Provide parenting support.
- Communicate with parents.
- Provide a variety of volunteer opportunities.
- Support learning at home.
- Encourage parents to be part of decision-making at school.
- Collaborate with the community.

By now the themes represented in these strategies should seem familiar to the reader – the school and agency staff hold a responsibility to take steps to create an engaging environment and offer many opportunities for positive engagement with parents. Further, this list of practices includes staff helping families to transfer what happens in the school or agency back into the home and the community. These practices again require a school or agency environment within which a) staff understand the broad vision for collaborative community partnerships, b) leadership embraces that vision and takes specific steps to ensure that staff have the skills and tools needed to act on that vision, and c) the success of the school or agency in meeting its primary mandate is directly linked to the effectiveness of the engagement practices utilized.

The third type of parent engagement strategies offered by the CDC – **Sustaining** strategies – are organized around addressing the most common challenges to effective engagement. The detailed practice recommendations in the reference document are aimed at achieving:

- Substantial flexibility in times and locations when scheduling activities;
- Multiple avenues for two-way communication with families;
- Incentives for parent involvement in school or agency activities and events;
- Proactively addressing transportation challenges faced by families;
- Opportunities for staff and parents to interact as people sharing the community;
- Deliberate cultural programming to reflect the community's diversity;
- Addressing communication issues raised by language and concept comprehension;
- Provide opportunities to address staff needs around attitudes and skills related to engaging with families; and
- Advocate for commitment of resources to family engagement strategies, including recruitment of community/business support of the school or agency.

In order to succeed in creating a school- or agency-wide culture in which all of these practices can be promoted, the Michigan Parent Engagement Toolkit<sup>37</sup> referenced in the opening section of this report (Definitional Statements) once again offers a succinct summary of the actions needed by the school or agency as a whole in order to successfully engage families in program activities:

1. Recognize that all parents are involved in their children’s learning/well-being and want them to do well.
2. Embrace a philosophy of partnerships and be willing to share power with families.
3. Develop the capacity of school/agency staff to work with families and community members.
4. Work with families to build their social and political connections. Encourage parents to communicate with each other.
5. Link family engagement efforts to the children’s learning/well-being. The direct goal of family engagement is improving the children’s learning/well-being.
6. Build strong connections between the classroom, school/agency, and community.
7. Develop trusting and respectful relationships with families and community members. Acknowledge all contributions by parents as meaningful and valuable.

Finally, the National Center for Parent, Family and Community Engagement<sup>38</sup> has identified the supervisory relationship within a school or agency as a centerpiece of developing the staff competencies necessary to achieve effective family engagement. Within that relationship the Center has identified specific knowledge, skill, and action competencies for direct service staff and their supervisors that the school or agency should be promoting. The following are the global competencies recommended by the Center and, in the reference document, each is broken down into highly detailed competencies that should guide the work of supervisors with each person they supervise.

1. Positive goal-oriented relationships;
2. Self-aware and culturally responsive relationships;
3. Family well-being and families as learners;
4. Parent-child relationships and families as lifelong educators;
5. Family connections to peers and community;
6. Family access to community resources;
7. Coordinated, integrated and comprehensive services, emphasizing team-based practice;
8. Data driven services and continuous improvement;
9. Foundations for continuous professional growth.

As stated above, many of the best practice strategies identified in the first best practice section above – Family Engagement for Their Own Child – are equally relevant at the school and agency level.

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<sup>37</sup> Michigan Department of Education – “Collaborating for Success” Parent Engagement Toolkit (2011) – found at [http://www.michigan.gov/documents/mde/4a\\_Final\\_Toolkit\\_without\\_bookmarks\\_370151\\_7.pdf](http://www.michigan.gov/documents/mde/4a_Final_Toolkit_without_bookmarks_370151_7.pdf)

<sup>38</sup> Head Start and Early Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families; National Center of Parent, Family, and Community Engagement, Office of Head Start (ACF). 2012.

## Best Practices Supporting Family Engagement for their Own School or Agency – Parents/Families

Parents begin with the experience of watching their own child participate in education and/or services in community agencies and they form perspectives based on what they see and how their child reacts. If they are directly involved themselves, they have the chance to get more information and form perspectives about how the school or agency operates. Those perspectives about how the school or agency operates become their important context for determining what is happening to their child and whether or not they want it to continue. Schools and agencies can help shape parents' perspectives through communication, regular interactions (big and small), and a demonstrated emphasis on valuing the parents' presence and involvement.

When parents wish to move beyond just supporting their own child and begin to influence the context in which the child is learning or receiving services, it demands a heightened effort to engage on their part. Circles of Parents, the national network of self-help parent support groups, offers a set of explicit practices<sup>39</sup> parents can employ within the individual school or agency to assert their influence and learn more about the functioning of the organization.

“Arrange/open meeting room or building. Arrange for supplies, e.g. snacks, handbooks. Put up signs directing participants to the room. Welcome others; be a greeter or “chair patter”. Introduce new parents to children’s program. Clean up after meetings. Pass out/explain material to new parents. Take calls from prospective members. Participate in fund-raising activities. Develop referral base. Keep group calendar of upcoming events. Call missing members. Initiate introductions at group. Read or ask others to read opening and closing statements. Lead meeting. Take attendance or keep statistics. Be a timekeeper during meetings. Facilitate members’ transportation needs. Accompany other parents as their advocate. Organize group events. Participate in team meetings with facilitator and children’s program leader.”

Notice that a wide range of practices are suggested in this set, from actions as simple as keeping track of time for a group or making a phone call to invite a parent to an activity, to leadership strategies that require preparation and coordination with school or agency staff. Many of these parent strategies do not require anything more than being present. This list is not exhaustive – there can be many other examples added to this list – but its breadth demonstrates the broad, flexible type of thinking parents and system staff need to employ in identifying opportunities for parent/family engagement in ongoing activities.

The Connecticut Commission on Children supports a Civic Leadership Initiative that has developed and maintains the Parent Leadership Training Institute (PLTI). Since 1992 the PLTI has been training cohorts of parents to become advocates for the family perspective using a curriculum that is described in a comprehensive document titled “Parent Leadership Training Institute<sup>SM</sup>”.<sup>40</sup> That document offers a clear

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<sup>39</sup> “Circles of Parent Leadership”, Circles of Parents, the National Network of Mutual Support and Self-Help Programs in Partnership with Communities, Virginia. 2015. Found at <http://circleofparents.disscada.com/about/parent-leadership/>

<sup>40</sup> Parent Leadership Training Institute; A Connecticut Commission on Children Civic Leadership Initiative; Hartford, CT. Available at <https://www.cga.ct.gov/coc/plti.htm>

statement explaining the importance of active involvement of engaged parents within the school or service agency. “The goal is to dignify the role of parents as change agents within community and government by building their capacity. Parents use the tools developed to address social policy issues of concern. Parents are taught the tenets of democracy and their rights to utilize government optimally in the best interest of children. Parents feel stronger about their own capabilities as they develop leadership skills. This increased sense of self-regard rapidly improves parent-child communication. Children sense the potential to effect change in their own lives and other lives. Hope increases in a time of diminishing expectations.” (page 8)

This statement links the active engagement of the parent at the school or agency level to improvements in their communication with their own children, leading to increased hope for the future among the parents and the children. The significance of that linkage cannot be overstated – 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.

There are multiple programs available that offer parent leadership development training in a wide variety of formats. The implementation of such a training program within a specific school or agency will enhance the immediate engagement of parents of children active within that agency or school, while it also opens the door to further involvement at the community and state levels for those parents who might be motivated to do more. The full PLTI curriculum is described in the reference document quoted above.

Another example which reflects current best practices in parent leadership development is found in the UNH Institute on Disability’s NH Leadership Series.<sup>41</sup> The content of that training series is briefly described here as representative of the many curricula in use for this purpose across the country.

NH Leadership Series content covers:

- History of people with disabilities in the community and perceptions about them;
- The importance of holding a vision for the future – in this case, a family holding a vision for their child’s future (and the child’s vision for themselves). Self-determination and futures planning strategies are covered;
- Grassroots community organizing – building allies and sustaining power;
- The values supporting inclusion and quality education for all;
- Tools for living, including choice, control of resources, and futures planning;
- Legislative processes, rule-making, and advocacy;
- Creation of a group project/topic on which to focus these skills.

Other similar curricula add content on topics such as: communication skills, the power of the media, establishing and monitoring public budgets, or child/family development. A critical aspect of any leadership training is helping 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. This opportunity to see and reach toward a broader vision is helpful to the individual parent, to his/her child, and to the school or agency in which s/he gains that vision.

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<sup>41</sup> Found at <http://nhleadership.org/about>

System leaders have to understand that it is not enough to simply believe that this kind of leadership development is important – tangible support from system resources is necessary to establish and sustain this type of developmental programming. The Spark Policy Institute<sup>42</sup> makes this very clear, in this instance discussing parents who sit on boards or committees for an organization: “Professional development such as leadership training requires a certain amount of organizational support, including paying for registration fees, travel, and other expenses associated with attending trainings. At the very least, ongoing training and professional orientation is needed and should be viewed as a board member’s commitment. However, we recommend that efforts be made to minimize financial costs for family member’s participation.” (Page 50)

In addition, the best practices described previously in relation to caring for their own child – team-based care planning and monitoring, parent support partners, peer-to-peer supports, and family advocacy organizations – are also all best practices at the level of the individual school or agency.

### **Best Practices Supporting Family Engagement in the Community System – Agency/School/System**

Family engagement practices at the community level gain an increased focus on the health and well-being of the community and its children and families. This allows the opportunity to step beyond the characteristics of a specific disability population and advocate more broadly on behalf of the community’s children and families. It also opens the door to trying to influence individuals who sit in relative control of larger amounts of resources. These broader possibilities raise the need for family engagement practices to be more organized across community organizations and more advanced in their support for developing political and advocacy competencies among parents and other family members.

The Federation of Families for Children’s Mental Health (FFCMH) worked in 2010-2011 to articulate a consensus framework<sup>43</sup> for concrete indicators of meaningful family involvement in system of care functions. The indicators emphasized in this framework describe family advocacy at the community level or higher (i.e., state or national levels) and reflect that higher degree of organization and more sophisticated supports. The indicators are organized within a handful of categories and, as each category is presented below, a few sample indicators are included.

- Policies and Procedures:
  - System governance bodies (boards, councils) include equal numbers of family leaders to system leaders;
  - All public education and service systems provide financial support for a family-run advocacy organization;
  - System policies require family participation in budget planning, trainings, and research and evaluation activities.
- Leadership:
  - System leaders champion family engagement;
  - Systems provide skills training for families and agency staff.

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<sup>42</sup> The Family and Youth Involvement Workbook, Chapter 5: Leadership Development for Families & Youth; Spark Policy Institute, Denver, CO (2011). Available at: [http://www.sparkpolicy.com/fiscalfam\\_youth.htm](http://www.sparkpolicy.com/fiscalfam_youth.htm)

<sup>43</sup> Indicators of family Involvement Recommended by a Workgroup of Parents and Evaluators; National Federation of Families for Children’s Mental Health; supported by SAMHSA. (2011).

- Training
  - Family leaders are included in planning, creating, and presenting all training;
  - Family members and agency staff participate in training events together;
  - Administrators and evaluators receive coaching from family leaders regarding family engagement strategies.
- Information and Knowledge:
  - Information flows easily from family leaders and family organizations to families in need of and receiving services (and systems facilitate and support the information flow);
  - Family leaders and family organizations regularly receive information from systems about policy changes, budget/allocation changes, and evaluation results.
- Cultural and Linguistic Competence:
  - The diversity of family leaders reflects the diversity of the community being served;
  - System agencies and family leaders conduct joint outreach to families in the community being served.

Note the multiple ways in which education and service systems are expected to create opportunities and provide resource support for family engagement practices in the community. These indicators suggest that system leaders (superintendents, executive directors, commissioners, etc.) need to actively embrace family engagement and family advocacy, ensuring that family leaders are supported, have access to learning and development opportunities, have access to information, and participate in decisions affecting how the systems operate. In other words, system leaders value the engagement with parents at the management level and act with that value in mind on a regular basis. It should also be noted that all of these indicators are specific and can be easily measured and tracked within the community, if system resources are directed toward that monitoring process.

The Center for the Study of Social Policy (CSSP) created a toolkit, titled “Growing and Sustaining Parent Engagement: A Toolkit for Parents and Community Partners,”<sup>44</sup> which lays out a specific and detailed process for creating and sustaining parent engagement at the community level, including tools that can be used to support that process. The process is organized quite simply around three primary strategies:

1. Develop a Roadmap that describes a path to success;
2. Create a Checklist to assess how well the Roadmap is being followed and track planned outcomes;
3. Create a Support Network in the community.

In describing how to develop a useful Roadmap, this toolkit defines a set of specific strategies useful in planning toward successful parent engagement. The reader will notice that this set of strategies is quite similar to the principles outlined in an earlier section of this paper.

1. **Create a welcoming environment:** Both community gathering places and the behavior of partners reflect open and family-friendly environments that are non-threatening and non-judgmental.
2. **Focus on strengths and self-empowerment:** Parents are viewed (by the system partners) as powerful forces capable of changing not only their own lives but also entire neighborhoods.
3. **Focus on results:** Clear, jointly defined outcomes are continually reviewed to determine if goals are being achieved and results are meeting parents’ needs.

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<sup>44</sup> Center for the Study of Social Policy – Growing and Sustaining Parent Engagement: A Toolkit for Parents and Community Partners; (2010). Available at <http://www.cssp.org/publications/growingandsustainingparentengagementtoolkit.pdf>

4. **Implement a learning approach:** Adapt strategies as experience demonstrates what does and does not work. Especially support workers and parents learning together.
5. **Respect individual experiences, views, and cultures:** Treat all parents with dignity and incorporate an awareness of their culture, heritage, language, and customs in the services and supports offered to them.
6. **Build support networks:** Create opportunities for all parents to develop new, mutually supportive relationships and social connections.
7. **Sustain parent engagement over time:** Embrace parent engagement as an integral part of ongoing planning and decision-making.
8. **Keep strategies community-driven:** Ensure that engagement activities are based on community-defined priorities and reflect what parents believe to be important.
9. **Practice inclusiveness:** Make every effort to ensure that engaged parents and partners reflect the diversity of community members.

The second primary strategy in the CSSP approach, creating a Checklist, is a direct application of effective plan implementation strategies: define measureable indicators for all planned strategies and then monitor to determine if the indicators are met. The emphasis here is on paying attention to whether or not the specific details in the planned approach are working or not, and responding when strategies are not being implemented or are not achieving the results reflected in the indicators.

The third strategy, building a Support Network in the community, is a summation of much of the best practice information presented in this paper, aimed at ensuring that parents have opportunities to learn from and support one another, and encouraging diversity within the support community. To that end, the toolkit suggests that support networks work best when:

- Diverse stakeholders are involved and a priority is placed on involving parents and other community members as learning partners;
- Shared learning objectives are clearly defined and participants understand the expectations;
- Another community's approach is not simply copied – rather, participants are supported to create individualized strategies that will work best in their community;
- Participants have an opportunity to interact with others who share similar roles and responsibilities;
- In-person gatherings are held in comfortable settings that are accessible to parents and community members, including food, childcare, transportation, and other incentives.
- Open, interactive discussion and balanced participation is encouraged from all; and
- Support network meetings provide time for reflection and commitment to follow-up actions, ensuring that accomplishments and next steps can be identified.

Another best practice at the community system level is Collaborative Actions Teams, referenced in a Brief<sup>45</sup> published by the National Center for Family & Community Connections with Schools. Described as a strategy that “shifts away from the traditional models of involvement in which school personnel dominate the interactions,” Collaborative Action Teams foster relationships to “harness family, community, and school resources to ensure that all students have the support to succeed.” (page 2)

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<sup>45</sup> Developing a Collaborative Team Approach to Support Family and Community Connections with Schools: What Can School Leaders Do? – National Center for Family and Community Connections with the Schools (2005). SEDL, Austin, TX. Retrieved from <http://www.sedl.org/connections/>

Collaborative Action Teams (CAT) are formed by a school or agency that desires to open its decision-making and implementation processes to stakeholders, including families, with the goal of making the school or agency more effective in meeting the community's needs. The Creating Collaborative Action Teams Guide<sup>46</sup> lays out a five-stage process for establishing CATs and provides host of tools to assist with that process. The five stages – 1) Introduce the process; 2) mobilize the team; 3) set the team direction; 4) take action; and 5) review and refine – represent a conventional strategic planning process with special attention to the inclusion of community stakeholders, including parents.

This staged process is driven by a vision of the school community functioning within the context of the community it serves, and this same position can be applied to agencies providing services in the community. “Researchers have also come to understand that schools don’t operate in isolation. Instead, there is an entire school community made up of all the people and organizations that either affect or are affected by the school. . . Seeing schools as part of a larger system highlights the importance of their interaction with the other parts: home, family, community and society. This shift in thinking leads to an increased focus on schools working together with other entities in the community.” (page 2)

One significant feature of this practice is that it does not separate out parents as the only constituency with which collaborative engagement is constructive. Rather, as work is conducted at the community level to foster family engagement, that work takes place within a system culture that welcomes collaborative partnerships of all types, involving all stakeholders actively in system decision-making and recognizing the importance of all those stakeholders, including parents/families. Within this type of system culture, family engagement becomes easy and natural.

### **Best Practices Supporting Family Engagement in the Community System – Parents/Families**

The subset of parents and family members who move beyond advocacy and support for their own child and the agency/system serving them is relatively small, for good reasons. Not everyone wants to be involved in socio-political activities or community organizing, and such activities take a commitment of time and energy. Parents who are actively parenting children or youth facing challenges use up most of their time and energy doing the best they can for their family, leaving little time and energy for others. Nonetheless, there is that subset who wish to become active in their community, commonly motivated by the desire to make it a better place for all families and children.

Once again, Circle of Parents,<sup>47</sup> the national network of self-help parent support groups, offers a very specific set of practices that demonstrate parent engagement at the community level.

“Participate in training facilitators, parent leaders, and children’s program staff. Attend and present at conferences and meetings. Implement needs assessments and surveys. Advocate with local aldermen, legislators, town and tribal councils. Volunteer to be on a board or advisory council. Help develop fund raising events. Contribute special talents to organization: e.g. office skills, artwork. Develop publicity to general community: e.g. health fairs, PTA presentations, service clubs, faith-

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<sup>46</sup> Creating Collaborative Action Teams Guide: Working Together for Student Success; SEDL, Austin, TX. (2000). Retrieved from <http://www.sedl.org/pubs/catalog/items/fam18.html>

<sup>47</sup> “Circles of Parent Leadership”, Circles of Parents, the National Network of Mutual Support and Self-Help Programs in Partnership with Communities, Virginia. 2015. Found at <http://circleofparents.disscada.com/about/parent-leadership/>

based groups. Participate in publicity to target audiences: e.g. parenting classes, health and welfare groups.”

These parent action strategies will primarily be carried out by parents who bring their own motivations to take action – a willingness to learn, to invest time, and to listen to other parents and stakeholders. It is up to education and service systems to create and support opportunities for those parents to step forward, and then to nurture their interest when it is expressed.

For example, the National Center on Parent, Family, and Community Engagement (NCPFCE), utilizing the Head Start Parent, Family, and Community Engagement Framework described earlier in this paper, has identified a number of best practices systems can utilize to “grow” family advocates and leaders.<sup>48</sup> These practices all begin by forming relationships with parents, listening to their ideas, and then matching their skills, interests, and readiness to system opportunities.

The first practice NCPFCE identifies is the use of *parents and family members as co-trainers*. This may occur when system staff have an opportunity to present at a meeting or conference and an experienced parent is invited along to offer their perspective to the training opportunity. When systems plan training for their own staff – workforce development – there are many content areas in which a parent co-trainer could add their real life experiences to bring the content to life for staff. Certainly, when any community education and service systems join together to provide training around systems of care and collaborative partnerships, parents serving as co-trainers both models appropriate collaborative partnerships and adds their lived experience to the content.

It must be recognized that a parent will not usually come to this partnership already fully equipped to co-train in workshops, conferences, or using training curricula. Parents need smaller opportunities to develop these skills and to grow the confidence that is needed to offer their lived experience in ways helpful to system staff. They also need to be involved from the beginning, contributing their ideas to planning the training content, designing its presentation, determining the audience focus, and evaluating its success during and after such training. Generally, systems need to step forward and create the opportunities for this to happen, manifesting the belief that parents/families should be engaged at this level, just like at all other levels.

The second practice NCPFCE describes is *structured parent-to-parent leadership development*. There is research evidence that when families of children with special needs develop relationships with each other, they gain useful information and learn strategies that improve their communication with system staff and administrators. Likewise, they develop networking skills and a deeper understanding of the issues that are important to them.<sup>49</sup> This type of development is not a one-size-fits-all strategy – in fact, this practice is being adapted for use with a number of specialized or focused populations. In recent years, federal agencies have begun to emphasize opportunities for fathers to recruit and work with

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<sup>48</sup> “Families as Advocates & Leaders” – Understanding Family Engagement Outcomes: Research to Practice Series. (2013). Boston Children’s Hospital, Boston MA.

<sup>49</sup> See for example: Trainor, A.A. (2010). Diverse approaches to parent advocacy during special education home-school interactions: Identification and use of cultural and social capital. *Remedial and Special Education*, 31(1), 34-47.

other fathers, specifically to strengthen that parenting component within families. A number of communities and states have begun recruiting Latino parents to help develop more effective engagement practices with Latino communities who may, in the past, have been reluctant to engage with public helping systems to get assistance for their children.

These peer-to-peer approaches again require recognition by system leadership that generic parent engagement may only touch certain segments of the population; effective engagement with multiple population segments means utilizing different tools appropriate to work with each of those segments. At the bottom line, this means continuous recruiting of many parents, using a broad variety of engagement tools, and deliberately seeking involvement with minority and other underserved populations within the community.

This same document from NCPFCE also identifies five “promising practices” for growing family advocates and leaders:

- *Community Cafés* – These are semi-structured opportunities for parents to come together and talk about protective factors and other positive elements in their efforts to raise healthy children. They are usually led by parents, dealing with topics chosen by the participants, and conducted in a friendly environment with snacks and beverages. More details can be found at [http://www.ctfalliance.org/initiative\\_parents-2.htm](http://www.ctfalliance.org/initiative_parents-2.htm)
- *Parent School Partnership* – This program, developed by the Mexican-American Legal Defense and Educational Fund, is expressly aimed at training parents and Latino community leaders to become effective advocates for improving educational achievement, schools, and communities. More details can be found at <http://www.maldef.org/leadership/programs/psp/index.html>
- *PLTI* – PLTI is described above in the Parent/Family portion of the “Own SchoolAgency” section.
- *Special Quest* – This approach focuses on the inclusion of young children with disabilities, bringing professional staff and parents together as partners and leaders. This program makes available a full library of training materials and videos about family leadership. More details can be found at [www.specialquest.org](http://www.specialquest.org)
- *Vision and Voice Family Leadership Institute* – This program, developed through the Parent Service Project, offer a full family leadership training curriculum called Leaders for Change that is built upon the Strengthening Families Protective Factors Model. The program focuses on building relationships, assuming leadership in the community, and engaging with service systems. More details can be found at <http://parentservices.org/effective-family-staff-and-community-partnerships/>

Once again, the best practices described earlier in the section under caring for their own child – team-based care planning and monitoring, parent support partners, peer-to-peer supports, and family advocacy organizations – are also all best practices at the level of the community, although at this level those practices become part of the wider system of care, not attached to one specific system or agency.

### **Best Practices Supporting Family Engagement in the Region/State – Agency/School/System**

Family engagement at the regional and state levels truly requires coordinated investment and commitment from the leadership of all the publicly-funded systems. Two pathways are most often followed by individual parents choosing to be engaged at this level: 1) they have worked through a

statewide advocacy organization at the community level and developed skills/interests that drive them beyond that community work; and/or 2) they have been actively involved within one of the public education or service systems and have “risen” to the top of that system. On either pathway, public system leadership has likely contributed to creating the opportunities and/or supporting the individual development.

At this broad, systemic level, state agencies play critical roles in family engagement by the development of supportive policies, investment of resources, and promotion of key family engagement practices. The Draft Policy Statement on Family Engagement,<sup>50</sup> referenced at the beginning of this paper (see Foundations of Effective Family Engagement), offers very specific recommendations to state leaders to ensure that effective family engagement strategies are in place at all levels in all systems. The content of each of the recommendations is paraphrased here for brevity.

**Plan and Prioritize** – State systems are urged to view family engagement as a critical component of planning across all settings and services. Every plan should include a statement of family engagement principles, goals and strategies specific to family engagement, and measurable indicators of family engagement in evaluations. This also means ensuring that family voice is meaningfully present in making all of those plans, not just carrying them out.

**Invest and Allocate** – State agencies should identify the use of federal, state GRF, and non-governmental funds for family engagement, supporting research-based family engagement best practices wherever possible. Such allocations should 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 that bring parents and staff from all systems together to continuously improve family engagement capabilities and strategies.

**Establish Policies that Support Family Engagement** – All state systems should conduct policy reviews expressly to identify where specific family engagement practices could be considered, strengthened, or further promoted through policy modifications. Standards and indicator systems in use by various education and services systems should include family engagement indicators and measures that reflect goals set within the systems. It should be restated that parents should be involved in such policy reviews and the setting of standards and indicators.

**Communicate Consistent Messages that Support Strong Family Engagement** – Messaging from system leaders should regularly and strongly describe a service culture that values family engagement. All staff working in state systems should communicate those messages to local programs, reinforcing the message that all families must be treated with respect and valued as experts and equal partners in their child’s learning and well-being. These messages should be aligned across the public education and service systems through deliberate coordination between those system leaders. Public messaging from state systems should also respect cultural diversity throughout the state and all its communities, using language and tools that are meaningful within those various cultures. Finally, state systems should work in unison to disseminate and promote information about brain development in children and its importance in long-term education success and health.

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<sup>50</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 Workforce Capacity Building that Supports Family Engagement** – Family engagement knowledge and best practices should be incorporated systematically into all competency development functioning (e.g., training, supervision, coaching, certification and licensure, etc.). Systems should create advancement ladders for both system staff and parents to gain expertise in family engagement practices. Core competencies specific to family engagement should be built into all competency models. Technical assistance to community schools and agencies should be provided to assist local development. State systems should reach out to and partner with institutions of higher education to ensure that family engagement content is included in all degree programs related to the education and service fields.

**Integrate Family Engagement Indicators into Existing Data Systems** – State systems should mandate data collection about the extent of family engagement, the strategies utilized, and their effectiveness, and these data should be regularly reported back to community systems in formats that will assist with program improvement practices. Data should be collected across all education and service systems using language and data categories that are aligned, allowing communities and the entire state to assess family engagement efforts as a whole, beyond individual categorical systems.

**Establish Incentive Structures that Promote Sustained Effective Family Engagement Practices** – States should build incentives into service payment and resource allocation systems to provide incentives for community agencies and systems to implement effective family engagement practices. Rewards or specialized resources could be made available to schools and programs that achieve highly effective family engagement outcomes, offering them as models to other programs and schools.

This list of recommendations from the joint Policy Statement (draft) by the U.S. Departments of Health and Human Services and Education is extremely powerful! The recommendations define practices in a future state in which the cultural shift has already taken place and systems prioritize family engagement as a natural and appropriate way of doing business. Therefore, state leaders can begin now by examining which of these recommendations are relatively in reach at the present time, setting those efforts in motion, and then building the administrative capacity to slowly implement more of these recommendations over time.

The FRIENDS National Resource Center for Community-Based child Abuse Prevention<sup>51</sup> (NRCCBCAP) has offered a staged process for development aimed at state agencies/systems. “Agencies that embrace parents as experts, leaders, and partners facilitate the development and implementation of programs and policies that can create positive change in the lives of not just the parent partners, but of agency staff and the parents served by the agency in the community.” (page 11) Once again, these stages describe a fairly conventional planning and implementation approach that can be implemented within any public system or by all systems working in collaboration.

**Step One: Assess Agency and Staff Readiness:** This step asks leaders to assess the personal values of staff, the organizational values, and the public policy values to honestly examine the degree to which the organization currently supports (or does not) family engagement principles and practices.

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<sup>51</sup> Meaningful Parent Leadership: A Guide for Success; FRIENDS National Resource Center for Community-Based Child Abuse Prevention. (2010). Available at <http://friendsnrc.org/cbcap-priority-areas-docs/cbcap-priority-areas/parent-leadership-and-involvement/meaningful-parent-leadership-a-guide-for-success/detail>

Step Two: Improve Agency and Staff Readiness: Using the findings from Step One, begin where the staff and organization are at present and facilitate forward movement, improving the agency’s ability to partner effectively with parents/families. This requires many conversations at many program levels, deliberate educational efforts, increased opportunities to interact with families served by the system, and structured training aimed at addressing program, funding, policy, and practice issues that are identified in the assessment process.

Step Three: Identify Potential Parent Leaders: This step can largely be built on the practices identified above in the Parent/Family portion of the “Community/System” section of this paper in which parent leaders emerge from work on behalf of their own children or local agencies and express interest in working at a broader or higher level. This Guide notes that parents may not see themselves as potential leaders until someone else in the system recognizes that potential and points it out, inviting them to use more of their abilities for the good of the system. The importance of system leaders identifying and supporting parent leadership abilities cannot be overstated.

Step Four: Recruit Parent Leaders: This step requires investment in family engagement practices by system leaders. The Guide recommends one-to-one engagement to discuss possibilities with potential parent leaders, make them welcome, honor the abilities they have already presented, and open the door to seeking additional opportunities. Including parents in planning meetings, offering mentoring by senior staff, and paying serious attention to their input are important recruitment strategies.

Step Five: Provide Appropriate Roles for Parent Leaders: It is up to system leaders to identify roles within system operations that provide an opportunity for engaged parents to participate meaningfully and that match the interests and abilities expressed by individual parents and family members. Such roles may include: opportunities to interact with other parents; serving as a committee co-chair or co-trainer; being a spokesperson for a specific initiative; arranging for supports for other parents to participate in activities; reviewing materials for family-friendly language and presentation; participating in staff recruitment and hiring processes; mentoring other families; participating on evaluation teams; participating on program review/audit teams; and helping to plan and implement public awareness activities.

Step Six: Addressing Culture, Diversity, and Special Needs: This step requires acting on a commitment to respect and appreciate differences in race, culture, abilities/disabilities, and social economic backgrounds of all partners. Appreciating those differences can lead to multiple opportunities for mixed groups to share their perceptions and experiences of the differences educating one another in the process. It becomes particularly important for agencies serving populations with special needs to understand the experiences of those children, their families, and family members who themselves face special challenges.

Step Seven: Retaining Parent Leaders: “Building lasting and successful partnerships takes time and is based upon effective, open, and honest communication, as well as mutually-earned trust.” (page 30) Once such partnerships are established, systems/agencies need to consider sustaining supports, retention strategies, succession practices, appropriate advancement opportunities, recognition of contributions, and opening up opportunities to meaningfully impact areas of most interest to them – these are very similar to common staff retention strategies within businesses and agencies. With parents raising children facing special challenges, it is also necessary to pay attention to what is happening in their family life, as the demands for raising their children may change with time, with subsequent effects on their energy and time for system activities.

Step Eight: Recognizing the Contributions of Parent Leaders: It is important for agencies/systems to recognize the contributions made by parent leaders as evidence of cultural support for effective family engagement. There are multiple opportunities within agency operations, both formal and informal, to provide this recognition, including conferences, meetings, trainings, publications, awards, and pathways to further development. It is important that such recognition not be a one-time event or simply single out one parent for recognition – many parents potentially contribute to system successes and the pro-family engagement culture necessarily identifies and recognizes those many contributions.

A final caution is attached to the description of this staged approach: “Parents cannot participate equally in making decisions about new program development, implementation, evaluation, and other programmatic and organizational matters if they don’t have all the information others have about the issues being discussed, if they don’t know the rules and regulations guiding the agency’s work, if they don’t understand the meaning of acronyms, and if they aren’t prepared to actively participate in committee and board discussions.” (page 37) Each of these conditions (and others) requires attention by system leaders as they embrace and implement effective family engagement practices.

### **Best Practices Supporting Family Engagement in the Region/State – Parents/Families**

In this Study, a steady progression of strategies that can be employed by parents and family members to deepen their engagement with system activities has been described, beginning with their actions on behalf of their own child or family. As the progression moves to the regional/state level (and potential the national level) the focus on direct support for individual children and their families takes a back seat to political organization, advocacy, and influence. While certain individuals may be able to promote family engagement practices on their own, that capability is rare – at this level, practices in support of family engagement would most commonly take place in the context of advocacy organizations, statewide advisory groups, and lobbying among elected and appointed officials.

#### Statewide Parent Networks

From the parent/family point of experience, the clear best practice at the regional or state level is the emergence of strong networks linking parents in multiple communities together through their shared commitment to making life for their children, and for other children, better. The earliest manifestation of these statewide parent-run advocacy networks formed among parents of children with developmental disabilities during the 1960s and those nascent networks played a significant role in the creation of the entire developmental disabilities system. Since that time parent/family networks have developed in every state and advocate for a wide range of needs and groups of families and children.

There are many excellent examples of effective statewide parent networks. Generally, such networks reflect grassroots organizing strategies built around advocacy for a specific issue or condition. Cited earlier in this Study was work by the National Federation of Families for Children’s Mental Health (FFCMH), which serves as an example of a national parent network focused on advocacy on behalf of children facing mental health challenges and their families.

Grantmakers for Children, Youth, & Families<sup>52</sup> (GCYF) identified several other model examples of effective statewide parent networks in a publication titled “Parent Organizing as a Strategy for Sustainable Policy Change.” Note that these networks are affiliated with several different systems.

- Parent Voices is a project of the California Child Care Resource and Referral Network with 1500 members across the state. Local chapters are associated with local childcare resource and referral programs and their advocacy has focused on making quality childcare available and accessible to all families. More information is at <http://parentvoices.org/>
- Parent Ambassadors is a project of the Washington State Association of Head Start and Early Childhood Education Assistance Programs. Somewhat similar to the NH Leadership Series offered by the UNH IOD (described earlier), parents across the state participate in a year-long advocacy and leadership training program and then become active in statewide advocacy efforts in support of early childhood education programs. More information is at [https://wsaheadstarteaceap.com/index.cfm?fuseaction=menus&menu\\_id=44&pId=8](https://wsaheadstarteaceap.com/index.cfm?fuseaction=menus&menu_id=44&pId=8)
- OLÉ Working Parents Association works with the American Federation of Families to advocate for improved childcare centers. WPA members work to strengthen communities through social advocacy and economic reform, using issue-based campaigns and electoral engagement to ensure that working families play a critical role in shaping New Mexico’s future. More information is at <http://olenm.org/about/>

In addition, research conducted for this Study identified two more statewide networks providing exemplary advocacy and services.

- Maryland Coalition of Families for Children’s Mental Health (MCF) is the statewide family voice for families of children and adolescents with mental health, substance use, and/or other behavioral health needs. This statewide network provides information and resources, one-to-one family support, training, support groups, and policy advocacy, with staff operating in 21 Maryland counties. More information at <http://www.mdcoalition.org/who-we-are/our-impact>
- Parent Support Network of Rhode Island (PSN), founded in 1988, serves as a voice for the behavioral health of children, youth, siblings, and families. Its work is aimed at system transformation in order to keep children with challenges living at home and in their community. The PSN works toward its mission by providing peer-to-peer support (one-to-one, helpline, and support groups), statewide policy development and advocacy, and training. More information at <http://www.psnri.org/#!page2/cjg9>

Each of these statewide family networks, irrespective of the specific issue for which they primarily advocate or the public systems out of which they arise, share in common an ownership by the parents themselves, organizing themselves (some with system support, some on their own) and making policy and practice decisions that reflect shared parental decision-making.

### Statewide Advisory Groups

With the development of systems of care in most states, a number of states have created system of care governance and/or advisory groups at the state level that include family (and sometimes youth) representation. These groups work on system development that reaches far beyond family engagement, but they also have the opportunity to effect family engagement policies and practices

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<sup>52</sup> Making the Link: Parent Organizing as a Strategy for Sustainable Policy Change; Grantmakers for Children, Youth & Families; Issue 6 - 2011. Funded by the Peppercorn Foundation.

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 and several examples are offered here.

Louisiana statute authorizes the Coordinated System of Care Governance Board, composed of high-ranking cabinet officials across the education and service systems and family, youth, and advocacy representatives. This group holds extensive authority to review and impact policies, funding, and monitoring responsibilities across the systems, putting it in an ideal position to support effective family engagement policies and practices. For more information see <http://www.doa.louisiana.gov/osr/other/bj11-05.htm>.

Maryland originally established a Governor's Children's Cabinet by Executive Order of the Governor, and then the Maryland Legislature codified that group and the Advisory Council to the Children's Cabinet in 2006. The membership of the Advisory Council includes parents, youth, and advocates to ensure that they are equal partners in recommendations made to elected and appointed state officials. The group is charged to make recommendations about best practices to achieve positive outcomes for youth across a number of specific service content areas. For more information see <http://msa.maryland.gov/msa/mdmanual/08conoff/cabinet/html/child.html>.

Mississippi Code establishes the Interagency Coordinating Council for Children and Youth charged to oversee the state's system of care. The Council is composed of the heads of all child- and family-serving state agencies and names one specific seat on the Council for the executive director of a statewide family advocacy organization, Mississippi Families As Allies, and one seat each for a family member of a child receiving services and a youth who is, or has in the past, receiving public services. The Council has specific responsibilities over the statewide system set up to serve multi-need children and families, with additional advisory responsibilities to the many systems involved in the state's system of care. For more information see <http://www.lexisnexis.com/hottopics/mscode/>.