

# From Blaming to Partnering: Milestones Within the Family Movement

## Context

In recent years, policy makers, advocates, providers, and researchers in children's mental health have helped to create a paradigmatic shift from blaming parents for the mental health challenges of their children to partnering with parents in strategic planning, implementation and evaluation in systems of care (SOCs). The emphasis on the important role of families is concretized through federal requirements of systems of care funded through the Children's Mental Health Initiative (CMHI). As SOC's have worked to advance the role of families in system level decision making, the most notable historical developments for the family movement should be considered. This poster will examine these milestones, focusing on historical development of four aspects of family driven care: the perception of families, terminology used to describe the role of families, CMHI Request for Applications (RFA) requirements, and the role of family support and advocacy.

## Purpose of the Study

The purpose of this study was to better understand the progression of the family movement within a historical context.

## Methods

This study was a component of a broader study of family driven care (FDC) at the system level resulting from *Case Studies of System Implementation (CSSI)*.<sup>1</sup> For this study, documents from four primary sources were reviewed:

- Scholarly literature on family involvement, FDC, and family advocacy;
- CMHI Requests for Applications;
- Conference presentations, monographs, white papers, and issue briefs related to FDC in SOC's; and
- Documents from the six participating sites of the CSSI study that described the historical development of each system.

Together, these sources of information were used to create a timeline depicting the historical development of family driven care.

## Changing Values

Child Centered (1986)	Child Centered and Family Focused (1994)	Family Driven (2011)
"The families and surrogate families of emotionally disturbed children should be full participants in all aspects of the planning and delivery of services...In order to establish parents as partners in the system of care, they should be involved in all phases of service delivery including assessment, development of the individualized service plan, service provision, service coordination and evaluation of progress (p. 20)." <sup>2</sup>	"The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services...In order to establish parents as partners in the system of care, they should be involved in all phases of service delivery including assessment, development of the individualized service plan, service provision, service coordination and evaluation of progress...Families should be involved as full partners in policy making, planning, priority setting, and evaluating the overall system of care for children with emotional disturbances in their communities. <b>Only when parents are active participants in decision making both for their own youngsters and for the overall service system will they be full partners in the system of care.</b> (p. 21-22)." <sup>3</sup>	"Family-driven care means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes: (a) choosing culturally and linguistically competent supports, services, and providers; (b) setting goals; (c) designing, implementing and evaluating programs; (d) monitoring outcomes; and (e) partnering in funding decisions" <sup>4-6</sup>

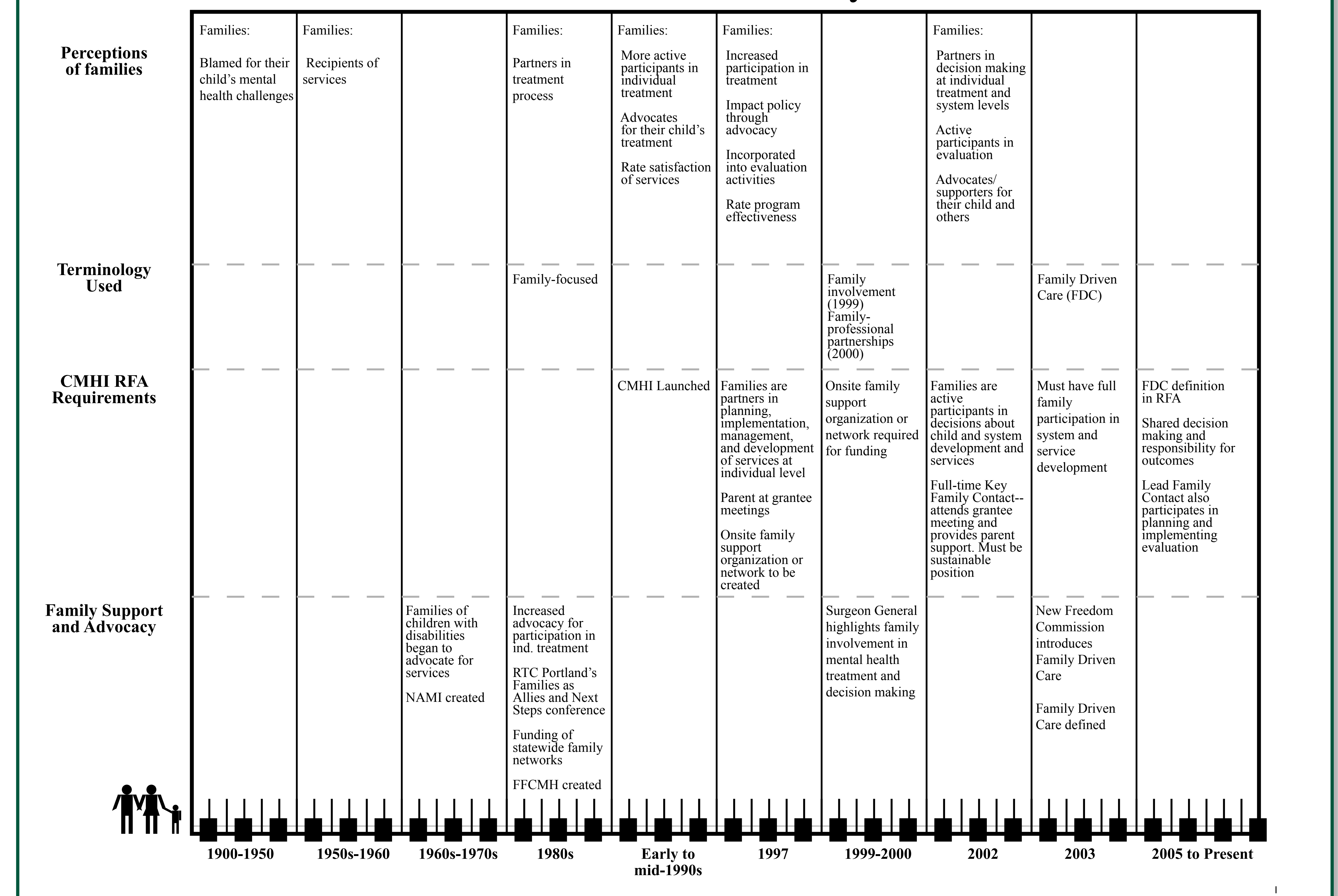
**Clinical Level:** The way in which direct care staff interact with youth, families and their support systems.<sup>7</sup>

**System Level:** Refers to linkages between child-serving agencies such as mental health, child welfare, juvenile justice, and education in a community-based setting with a continuum of services and supports. This level is often associated with the overall structure, organization, and financing within the system.<sup>7</sup>

## RFA 2010 Requirements<sup>8</sup>

Required Mental Health Support Services (i.e., Clinical Level)	Infrastructure Development Level (i.e., System Level)
<ul style="list-style-type: none"> <li>Family and youth steer decision making about service delivery.</li> <li>Administrators and staff share power, resources, authority and control with families regarding service delivery decisions.</li> <li>Individualized service plans are developed that meet the needs and build on the strengths of the child and family.</li> <li>Meetings occur in linguistically and culturally competent environments so that families and youth feel comfortable speaking honestly. Their voices are valued and heard in meetings.</li> <li>Families and youth have access to understandable, usable and useful information to aid in their decision-making.</li> <li>Youth and families have a family voice advocating on their behalf, be it biological, foster, adoptive or surrogate.</li> <li>Family organizations engage in peer support activities to reduce isolation and strengthen family voice.</li> </ul>	<ul style="list-style-type: none"> <li>Family partnerships are reflected in planning, implementing and evaluating the initiative (i.e., system of care development).</li> <li>Administrators and staff share power, resources, authority, and control with families.</li> <li>Financial support is provided to sustain the family/consumer organization as a means to ensure family involvement in the system of care. The RFA emphasizes that the family run organization should receive resources to support and sustain the infrastructure that is essential to ensure an independent family voice.</li> <li>Incentives are provided for families who participate in activities related to the development, implementation, evaluation and sustainability of the system of care.</li> <li>CMHS-funded Statewide Family Network grantee is involved in the initiative (if one is present in the state).</li> </ul>

## Milestones Within the Family Movement



## Findings

- Family driven care has experienced steady development since inception of SOC's in 1986.
- An expectation of family driven care was made concrete after it was incorporated into the 2005 CMHI RFA.
- A clear distinction should be made between family driven care at the clinical and system levels.
- The creation of the National Federation of Families for Children's Mental Health in the 1980s fostered the growth of the family movement in children's mental health.

## Implications for the Field

- Understanding the context and historical development of family driven care at both clinical and system levels supports community efforts to implement family driven care.
- Communities have made more progress in developing family driven care at the clinical level than at the system level.
- Understanding the experiences of SOC's in implementing family driven care can be instructive for broader engagement of consumers in decision making, such as community coalitions.

## References

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