

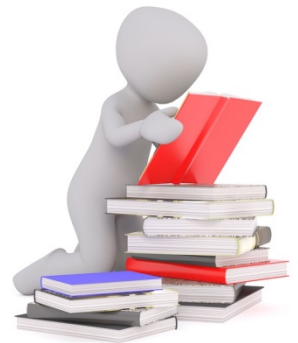


# Keeping the **Child** and **Family** at the Centre of our Practice

*Presented by Maria Velasquez, Sherri Ernst, and Stephanie Moynagh  
February 7, 2018*

# Our plan for today...

- Share our journey toward being more child and family centred
- Tell you about what we learned from two literature scans about frameworks and principles for putting the child and family at the centre of our practice
- Explore and reflect with you about how trauma-informed practice can be incorporated into this approach
- Engage with you on how this might apply to your own work



# Macaulay Child Development Centre

The Macaulay  
Child Development  
Centre



We are a charitable, not for profit agency in Toronto, founded in 1932.

We offer a range of programs for children and families.

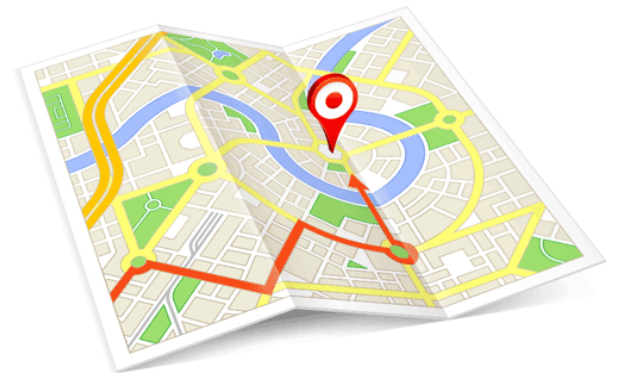
In 2017, we served over 7,000 children, 11,000 parents and caregivers and 1,500 professionals.

# Macaulay's Mission

## **Our Mission:**

The Macaulay Child Development Centre fosters the optimal development of children, in partnership with their family and community.

# Our Journey



- Agency Strategic Plan 2016-2021
- Commissioned a report to find out about frameworks that put the child at the centre
- Selected child and family centred approach
- Commissioned a report to learn more about the principles of being child and family centred
- Looking at how to incorporate trauma-informed practice into our approach
- Moving from theory to practice (and building on the strengths we already have)

# Strategic Plan 2016 - 2021

## Strategic Direction:

Deepen our response to infants and children with special needs, and those at greatest risk

## 5 year Objective:

All Macaulay programs use a shared approach to putting the child at the centre

Strategic Plan

Child at the Centre



# First Report

## *Services Centred on the Needs of the Child*

by Wendy McAllister Manager, Best Start Resource Centre Health Nexus



- ❑ Commissioned this report to find out about frameworks that put the child at the centre
- ❑ Frameworks fell into 3 categories
  - Child centred
  - Family centred
  - Child and family centred

Strategic Plan

Child at the Centre

First Report

# First Report

## *Services Centred on the Needs of the Child*

by Wendy McAllister Manager, Best Start Resource Centre Health Nexus



### Child centred

#### *Definition*

*Child centred* refers to commitment to a primary focus on the needs of the child. Child centred practices include working for children, in addition to working with children.<sup>33</sup> In implementing child centred approaches, interactions with children are considered to be further supported by sensitive relationships with families.<sup>34</sup>



#### *Benefits*

Advocacy for the child and access to and integration of services for better results for the child.



#### *Limitations*

Does not refer to the important role of the family.  
It has been used in service delivery where the family was not actively involved, for example it was used to describe an assessment framework to support early learning curriculum standards<sup>42</sup> that was not inclusive of parents.

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<sup>33</sup> Rasmusson B, Hyvönen U, Nygren L, Khoo E. (2010). Child-centered social work practice — three unique meanings in the context of looking after children and the assessment framework in Australia, Canada and Sweden.

<sup>34</sup> Georgeson J, Campbell-Barr V, Bakosi E, Nemes M, Pálfi S, Sorzio P. (2015). Can we have an international approach to child-centred early childhood practice? *Early Child Development and Care*, 185(11-12), 1862-1879.

<sup>42</sup> Baldwin JL, Adams SM, Kelly MK. (2009). Science at the center: An emergent, standards-based, child-centered framework for early learners.



## Family-centred

### *Definition*

Family centred services aim to link families to a wider range of services, build on family strengths, emphasize family choice, engage families in their own community, and address barriers to services.



### *Benefits*

Recognizes that families and children are unique, and acknowledges parents as the experts in their children's needs.

Supports the family's role in decision-making about services for their child. Increases the involvement of families in planning and service delivery and as a result, family and service delivery is responsive to family choice and family priorities.

### *Limitations*

Families vary widely in functions, roles, members and the term family centred may have a variety of interpretations and impacts for individual families, specific cultural groups and geographic areas.



## Child and Family -centred

### **Definition**

*Child and family centred care* is an approach to the planning, delivery, and evaluation of services grounded in partnerships between providers, children, and families. It is considered to be collaborative, respectful, and important to the provision of services for children. The interpretation and implementation of child and family centred care varies between services and between providers. *Child centred care* is often considered to be a component of *child and family centred care*.<sup>60</sup>



### **Benefits**

Increases in patient and family satisfaction

Decreases child and parent anxiety, more rapid recovery from medical procedures

Improved mental health of mothers of children with a chronic illness

Increased provider satisfaction.<sup>60</sup>



### **Limitations**

Barriers to child and family centred care include:

- Lack of knowledge regarding the principles and practices.
- Lack of organizational support.
- Providers' perception it might threaten their professional identities.<sup>60</sup>

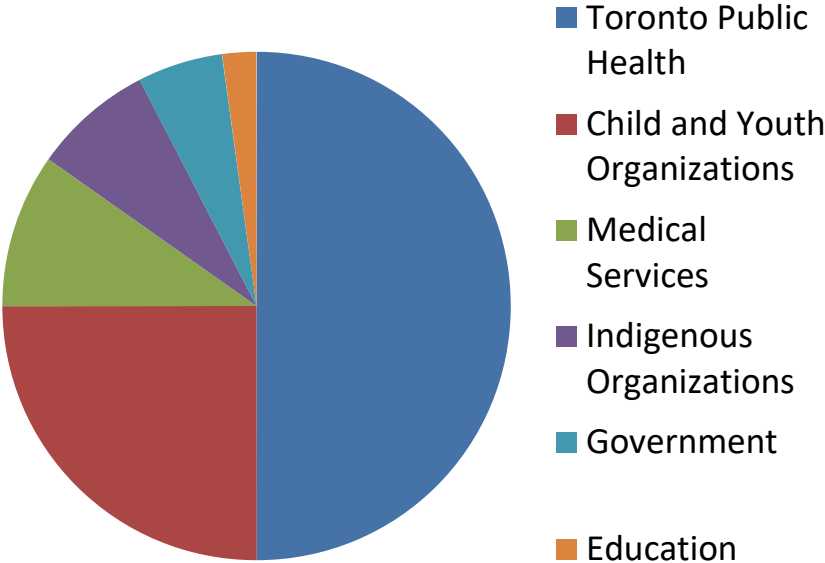
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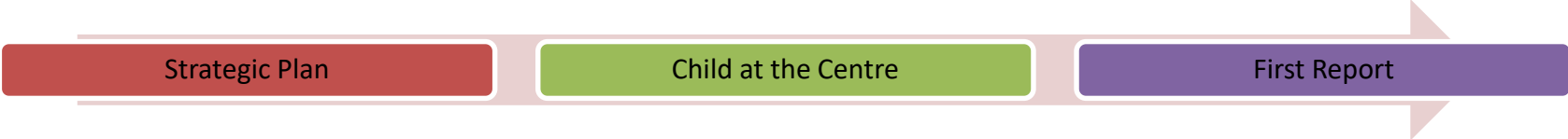
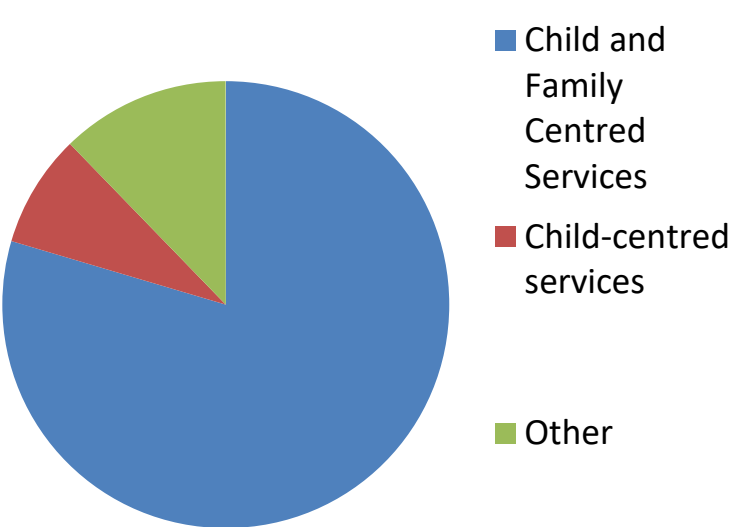
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# Child centred vs Child and Family centred Survey Results

### Service Providers



### Preference



# Reflection

What do you think is your agency's approach?



# Our Decision

**Child and Family Centred Approach  
through a Trauma-Informed Lens**

Continuum



Agency Centred

Child and Family Centred



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Child at the Centre

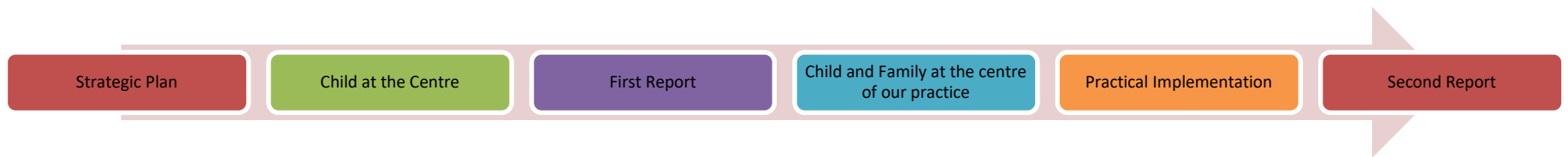
First Report

Child and Family at the centre of our practice

Practical Implementation

# Definition of Child and Family Centred

- An approach to the
  - planning,
  - delivery and
  - evaluation of services
  - grounded in partnerships between providers, children and families
- Placing the needs of the child
  - in the context of the family and community,
  - at the centre of care and
- Devising an individualized and dynamic model of care
  - in collaboration with the child and family
  - that will best meet these needs



# Critical Literature Review: Child and Family Focused Approach

by Caitlin Wood, Jan 2018

## Principles of Child and Family Centred Approach

**Genuine respect  
for families and  
children**

**Collaboration  
between children,  
families and  
providers**

**Affirmative  
Communication**

**Competency  
Enhancing**

**Flexible Definition**

**Dynamic Evaluation**

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Child and Family at the centre  
of our practice

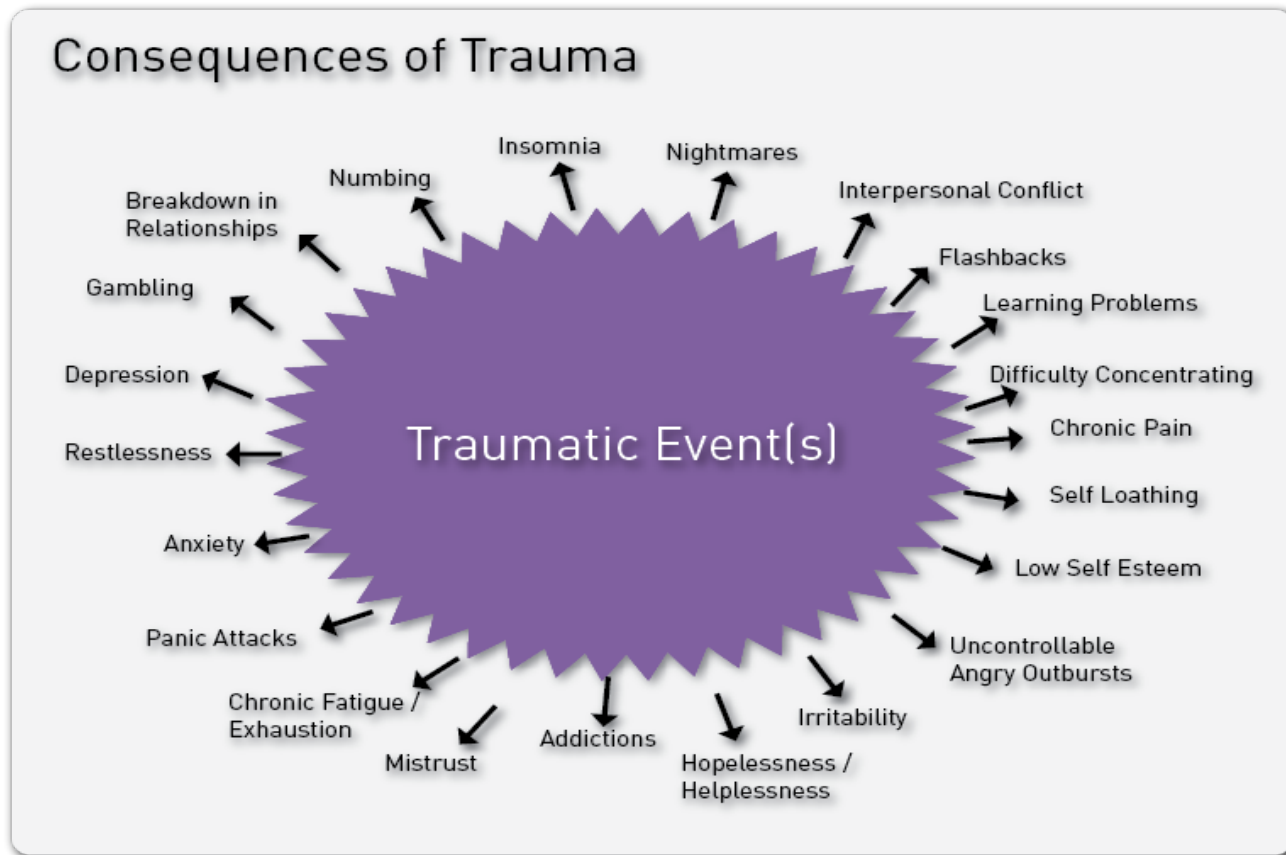
Practical Implementation

Second Report



# Integrating Trauma-informed Practice

***A traumatic event involves a single experience, or enduring, repeated or multiple experiences, that overwhelm an individual's ability to cope or integrate ideas and emotions involved in that experience. This can have profound impacts on one's identity, mind, body & spirit (Klinic CHC, 2003)***



# Integrating Trauma-informed Practice

Trauma-informed = Recognizing and Responding

Core principles include:

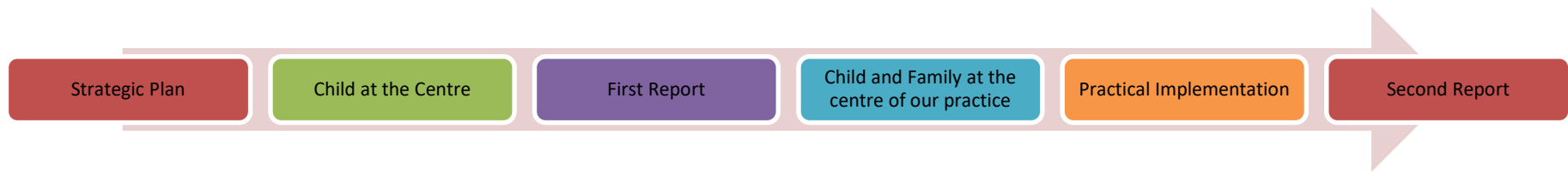
- Trauma as a pervasive problem
- Understanding the impacts and behaviours
- Choice, Voice & Control – offering real choices
- Compassion
- Collaboration – doing *with*, not doing to
- Strength-based focus

*“Every system and organization has the potential to retraumatize people and interfere with recovery, and [the potential] to support healing”*

(Klinic CHC, 2003)

# Genuine respect for families and children (practices that reflect respect and dignity)

- Respect the diversity of families
- Understand that families have unique and varied life experiences, varying degrees of trauma and different desires for collaboration.
- Understand the learning styles, child rearing practices, and values and beliefs of children and families with whom you work
- Provide care in a compassionate manner
- Build strong relationships with children: establish trust, provide honest explanations, get to know the child as a person, convey a sense of genuine like and respect for the child, share one's self (i.e. personal stories or anecdotes).



## Collaboration between children, families and providers (recognition that families are central to the care of children)

- Acknowledge and treat parents as partners
- Recognize the role of family as a source of stability, security, and strength in a child's life
- Acknowledge the expertise of families at the caregiving and the systems level
- Respect parents' role as ultimate decision makers in their child's care
- Co-determine the terms of partnership and professional boundaries with families; do not assume that because there is a need, it is your role to fill it.
- Identify supports to aid family member participation
- Provide family-to-family support networks
- Give choice and control to partners (children and families) over the services and care provided
  - Children have the right to form opinions and the right to be heard in matters that affect them (The United Nations Conventions of the Rights of the Child (UN General Assembly, 1989))

# **Affirmative Communication**

## **(sharing information in affirming and useful ways)**

- Communicate complete and unbiased information with parents and children in a way that is affirmative (builds upon strengths) and useful
- Provide information in a reciprocal, sensitive and timely manner
- Foster trust by providing honest explanations and genuine care
- Authentically engage parents and families to develop an understanding of their level of knowledge and expertise relating to their child's care and provision of services.
- Do not assume what parents know or do not know

# **Competency Enhancing**

## **(Supporting families to build on their strengths)**

- Consider all partners (children, families and professionals) to be competent, curious, and capable
- Engage with children and families to build strengths and identify knowledge gaps or areas of desired improvement
- Have relationships that are competency enhancing rather than weakness focused
- Have relationships that build, teach, and empower one another
- Support parents and children in the process of partnership

# Flexible definition

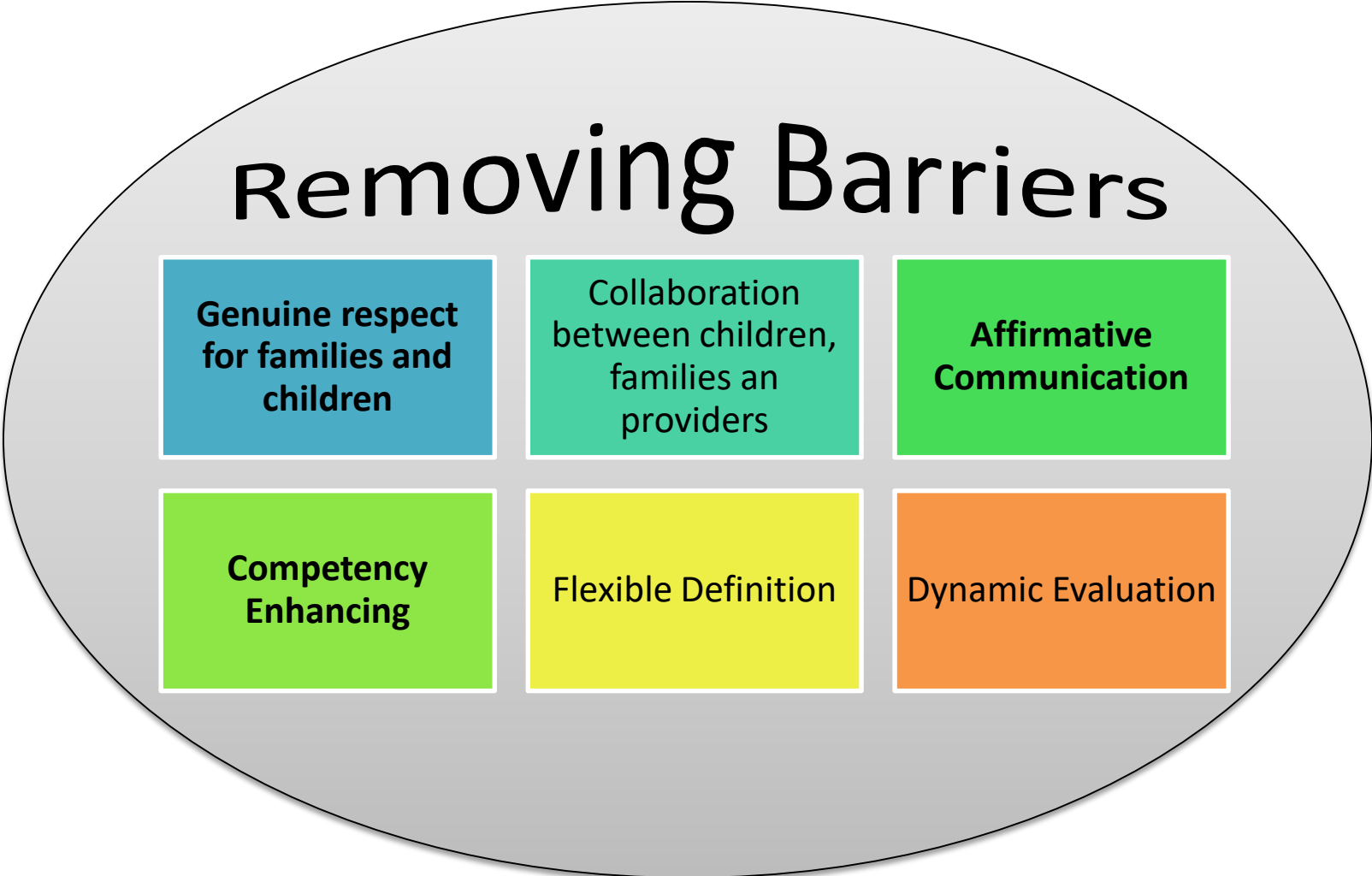
- Use a fluid and flexible definition
  - be accountable to the approach not only the procedures
  - best practice is learning about the individual who is being provided with care and making decisions based on the specific needs and preferences of that individual, as well as using what is generally known to be the best evidence based approach to the situation
- Conceptualize CFFA as having two main components:
  - relationships
  - service delivery

# Dynamic Evaluation

- Implement evaluation that is dynamic and ongoing; there is no ‘one-size-fits-all’
- Measure three key components:
  - how included and supported the family was in the process of care (quality of partnership)
  - satisfaction with the instrument or outcome of service (quality of service)
  - service outcomes
- Involve parents, children, and professionals in identifying goals and measuring impact
- Practice continuous evaluation (e.g. on-going discussions, check-ins, pre-discharge interviews, satisfaction surveys, suggestion boxes, and other approaches)



# Principles of Child and Family Centred Approach



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# Group Activity

## Discussion and Reflection

Connecting the research to personal practice

**For Each Principle:**

Where are you on the continuum:



Agency Centred

Child and Family Centred

1. What could I do to be more child and family centred?
2. What could my organization do to be more child and family centred?