

Families at the Centre:

A Planning Framework for Public Systems in BC

Summary Document

Families at the Centre is a deliverable of Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in BC



Developed by the Family Mental Health and Substance Use Task Force – July 2015

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Introduction

In November 2010, the Province released *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in British Columbia*. *Healthy Minds, Healthy People* defines a transformative vision for how stakeholders across government, sectors and disciplines can work together to promote mental health and well-being for all British Columbians, while simultaneously reducing the impact of mental illness and substance use problems on individuals, families and communities.

One of the actions included in *Healthy Minds, Healthy People* focuses on families, and the dynamics within a family structure that can lead to trans-generational vulnerability: “Implement supports for families with parents who have mental health and/or substance use problems to facilitate healthy family development.” In response, the multi-partner Family Mental Health and Substance Use Task Force was established to coordinate related efforts, foster required collaboration, and ultimately to initiate the development of *Families at the Centre: Reducing the Impact of Mental Health and Substance Use Problems on Families*.

The Task Force created *Families at the Centre* to help guide transformation in BC systems¹ in order to achieve better results for families affected by a mental health and/or substance use problem – defining a new way of engaging and working with them. *Families at the Centre* is designed for those working within and across systems, including ministries, health authorities, school boards, and local governments, as well as publicly funded for-profit and non-profit organizations, community-based services, consumer organizations, independent professionals, and system-specific, regulated professionals. *Families at the Centre* acknowledges that improving mental health and reducing harms from substance use are everyone’s responsibility, and that no single system can make a meaningful difference on its own. It also suggests that people working in systems view and include families as part of the solution.



¹ Public systems refer to publicly funded and/or publicly administered services and supports organized into distinct systems with specific legal and program mandates, such as health, child and adult mental health, education, child and family development, child welfare, income support, housing, law enforcement, justice and corrections. For the remainder of this document public systems will be referred to as “systems”.

Purpose

We are all family members, whether our family is natural or chosen, large or small, temporary or permanent, conventional or unconventional, resilient or fragile. At some point, we are all touched by mental health and substance use challenges—our own, or those of the people we know and love. These are things we have in common; they unite us.

This ‘at a glance’ document summarizes the purpose, vision, goals and focus areas detailed in *Families at the Centre*. The purpose of *Families at the Centre* is to increase understanding of a family-centred service orientation, and identify for public systems planners actions that respond to the needs of families experiencing mental health and substance use challenges. It recommends system responses that support effective care and treatment for the affected family member, and simultaneously reduce the risk of secondary, related problems for other family members. The desired outcome is to equip all members of the family to thrive. This will be accomplished in two important ways, by:

- Encouraging greater collaboration among all systems that touch and influence the lives of these families; and,
- Helping systems and their representatives to make a cultural shift that embraces a family-centred approach to policy and practice, services and supports.

In a healthy, compassionate society, individuals, families, and communities benefit from supportive environments that promote their mental well-being, and reduce their risk for mental health and substance use problems at every stage of life. In a family-centred approach, those working within and across systems consistently view individuals in the context of their families and communities. They recognize families as experts on their own needs and view them as partners in decision-making and planning. The overall goal of this approach is to welcome and involve families in planning, policy development, service delivery and evaluation to the greatest extent possible, and to support families in contributing to the health, safety, and well-being of their family members and the family as a whole.

Since people mental health and substance use challenges are often cared for by family members, systems need to recognize the importance of families and their unique role in building and sustaining resilience in a complex world. When the supportive role and needs of families impacted by a family member of any age with mental health and/or substance use problems are not acknowledged and facilitated, and the context of family is absent from the care provided to the affected family member, the health, well-being, and functioning of both the individual family member and the whole family itself may be compromised. Not only does this potentially undermine the effectiveness of the care and treatment provided, it can increase the risk of mental health and substance use problems for other family members.

A Family's Story...

Dennis is 38 and works in the manufacturing sector. Currently he is a regional manager for his company, and oversees the operation of five worksites. He married Carlene when they were both 22 and they have two sons. For the past 10 years, Dennis has found himself struggling with mood-related problems. At times he has simply felt 'out-of-sorts', but at other times (and more frequently lately) he has struggled with issues related to confidence, motivation, fatigue, and irritability. Of late, Dennis has lost interest in any of the activities he used to engage in with his family, spends more time alone at home, and is easily irritated by the behavior of his children. He has become very critical of both his children, and is spending less and less time with them. Earlier, an anger-related incident at work had driven Dennis to seek medical advice about how he was feeling after his supervisor suggested he contact the company's employee counselling services or the local mental health services. His family doctor diagnosed him with depression, and referred him to a psychiatrist to work out a treatment plan. During the referral session, Dennis focused on the stress he was experiencing at work and his inability at times to cope with this. He was offered a treatment plan, but Dennis chose not to follow-up, and to 'tough it out' instead. As a result, his mood problems have not diminished, and while he is careful to not lose his temper at work, he continues to isolate himself from his family and to have little patience with them.

Carlene has been very much aware that Dennis has been experiencing some problems but has found it difficult to discuss with him. Hoping to gain some insight, she asked their doctor about Dennis's health, but was told that it was not possible to discuss any aspect of her husband's health care without his consent. She is having a hard time coping with Dennis's behavior, and lately she finds herself drinking more than she used to.

Recently, Dennis and Carlene's older son has also started withdrawing from social situations. Carlene has learned from his teacher that he is very sensitive to criticism, and in stressful situation has started having 'panic attacks' ...

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This story of Dennis, Carlene and their family is not unique. Every year, about twenty percent of British Columbians will experience significant mental health and/or substance use problems that will interfere with their quality of life and general functioning.² These problems not only challenge those who are directly affected, they also impact the well-being of their families, compromising supportive – and in many cases protective – family relationships, and significantly increasing the risk that other family members will develop similar secondary problems. Heightened vulnerability across generations to mental health and substance use problems is the result of complex interactions among genetic, biological, psychological and social risk factors from as early as pregnancy and infancy. Enhanced engagement and supports that consider both risk and protective factors for families with a mental health and/or substance use problem support the well-being of all family members and reduce this vulnerability to secondary problems.

This family's story is one of missed opportunities – opportunities that may have realized different outcomes for Dennis related to his mental health, and that could have prevented corresponding mental

² BC Ministry of Health Services and Ministry of Children and Family Development (2010). *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in British Columbia*. Victoria, BC: Author.

health and substance use problems for Carlene and their eldest son. Service responses based on a family centred approach would have placed this entire family at the centre of coordinated efforts to engage and support them and meet their collective needs.

Responding to priority actions in *Healthy Minds, Healthy People: a 10-year Plan for Mental Health and Substance Use in BC* (2010), the Family Mental Health and Substance Use Task Force has created *Families at the Centre* to support changes in BC systems³ to achieve better results for families in promoting improved mental health, and mitigating the risk of additional mental health and/or substance use problems. *Families at the Centre* is designed for those working within and across systems, including ministries, health authorities, school boards, and local governments, as well as publicly funded for-profit and non-profit organizations, community-based services, consumer organizations, independent professionals, and system-specific, regulated professionals.

Families at the Centre provides a framework to assist public system planners to move towards a family-centred approach in policy and practice, services, and supports. It builds on the recommendations and suggestions advanced by families within *Families Matter: A Framework for Family Mental Health in BC*, which demonstrates the collective voice and endorsement of both those with lived experience and of those working in systems supporting child, youth, adult, and family mental health. It draws upon peer-reviewed and grey literature; experience in BC and other jurisdictions; insights since 1997 of the Supporting Families with Parental Mental Illness Community of Practice; input from policy makers and service providers; and, input from families with lived experience of mental health and substance use challenges.

Families at the Centre is also intended to complement a number of related government and health authority initiatives. For example, it aligns with the *Helping Relationship Framework* and the *Aboriginal Practice Framework* (under development) of the Ministry of Children and Family Development (MCFD). It supports the family-centred approach asserted in the *Safe Relationships, Safe Children* project, and *BC's Provincial Domestic Violence Action Plan*.

The family-centred approach advanced within *Families at the Centre* expands on efforts to shift to a more patient-centred orientation as described within the Ministry of Health's *Setting Priorities for the B.C. Health System*, and the recently released policy documents that focus on primary and community care, rural health services, and surgical services. The emphasis on opportunities to promote health and well-being and prevent secondary problems for families is also supportive of the goals within BC's guiding framework for public health: *Promote, Protect, Prevent*. In addition, the document links to province-wide efforts to apply a trauma-informed approach to work with patients, and to explore evidence-based therapeutic models including family and couples therapy. Additionally, *Families at the Centre* is also linked to specific family-oriented initiatives underway in some of the regional health authorities.

³ Public systems refer to publicly funded and/or publicly administered services and supports organized into distinct systems with specific legal and program mandates, such as health, child and adult mental health, education, child and family development, child welfare, income support, housing, law enforcement, justice and corrections. For the remainder of this document public systems will be referred to as "systems".

Finally, *Families at the Centre* serves only as a preliminary foundation for better engagement with and support for First Nations and Aboriginal families with mental health and substance use challenges. First Nations and Aboriginal families have indicated that in order for their families to truly thrive, they must be supported in identifying their own solutions. The recent release of *A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan* signals a new approach to how First Nations and Aboriginal individuals, families, and communities are engaged in efforts to support their overall mental wellness and prevent or reduce harms associated with substance use.

Vision

The following reflects the overarching vision that will enable families affected by a mental health and substance use problem to thrive:

Families in all their diversity are at the centre of service system cultures and responses.

In family-centred systems, families and individual family members are recognized as influencers, co-providers, and co-creators of service, and decision makers in their own care. These systems engage with individual family members and whole families, to the extent to which families want to or can be involved, to improve understanding of the different experiences of mental health and substance use. Then, they translate what families say they need into effective action in order to help families build upon strengths and assets, to mitigate the progression of existing problems, and to reduce the risk of new mental health and substance use problems within the family.

A Family-Centred Approach

Families at the Centre proposes a family-centred approach to increase understanding in systems about the needs of both individual family members and whole families experiencing mental health and substance use challenges, as well as corresponding support. For the purposes of this resource, families are defined according to function, not form. This means that while the composition of a family accounts for immediate and extended family systems, important relationships through other systems such as peers, school and work must also be considered.⁴ Similarly, the document recognizes the complex and varied relationship dynamics in family structures when one or more family members experience a mental health and/or substance use problem.

The relationship between a parent and child throughout the lifespan is particularly influential, and warrants careful consideration and support as systems engage with families experiencing mental health and substance use problems. Longitudinal studies have shown that the risk of developing mental illness among children whose parents have a mental illness ranges from 41% to 77%.⁵ Support for healthy and

⁴ MacKean, G., Spragins, W., L'Heureux, L., Popp, J., Wilkes, C., & Lipton, H. (2012). Advancing family-centred care in child and adolescent mental health: A critical review of the literature. *Healthcare Quarterly*, Vol. 15, Special Issue, 64-75

⁵ Hosman C., van Doesum K., & van Santvoort, F. (2009). Prevention of emotional problems and psychiatric risks in children of parents with a mental illness in the Netherlands: I. The scientific basis to a comprehensive approach. *Australian e-J for the Advancement of Mental Health* 8(3).

positive parent/child relationships, especially early in the child's life, can reduce the risk of future problems across generations, and serve to strengthen protective familial bonds. Beyond this critical focus, the needs of all members of a family with a mental health and/or substance use problem deserve consideration, regardless of age or relationship with other family members. Ultimately, the aim is to prevent the experience of a mental health and/or substance use problem in a family from creating similar problems for other family members. This is accomplished when the whole family is considered and correspondingly equipped to thrive.

It is important to emphasize that introducing a family-centred approach does not mean the needs and rights of the individual member with a mental health and substance use problem are overridden or ignored. The degree to which family members are involved and information is shared with them is always informed by the desires of the individual and their capacity, the capability and willingness of their family, and the safety of all involved.

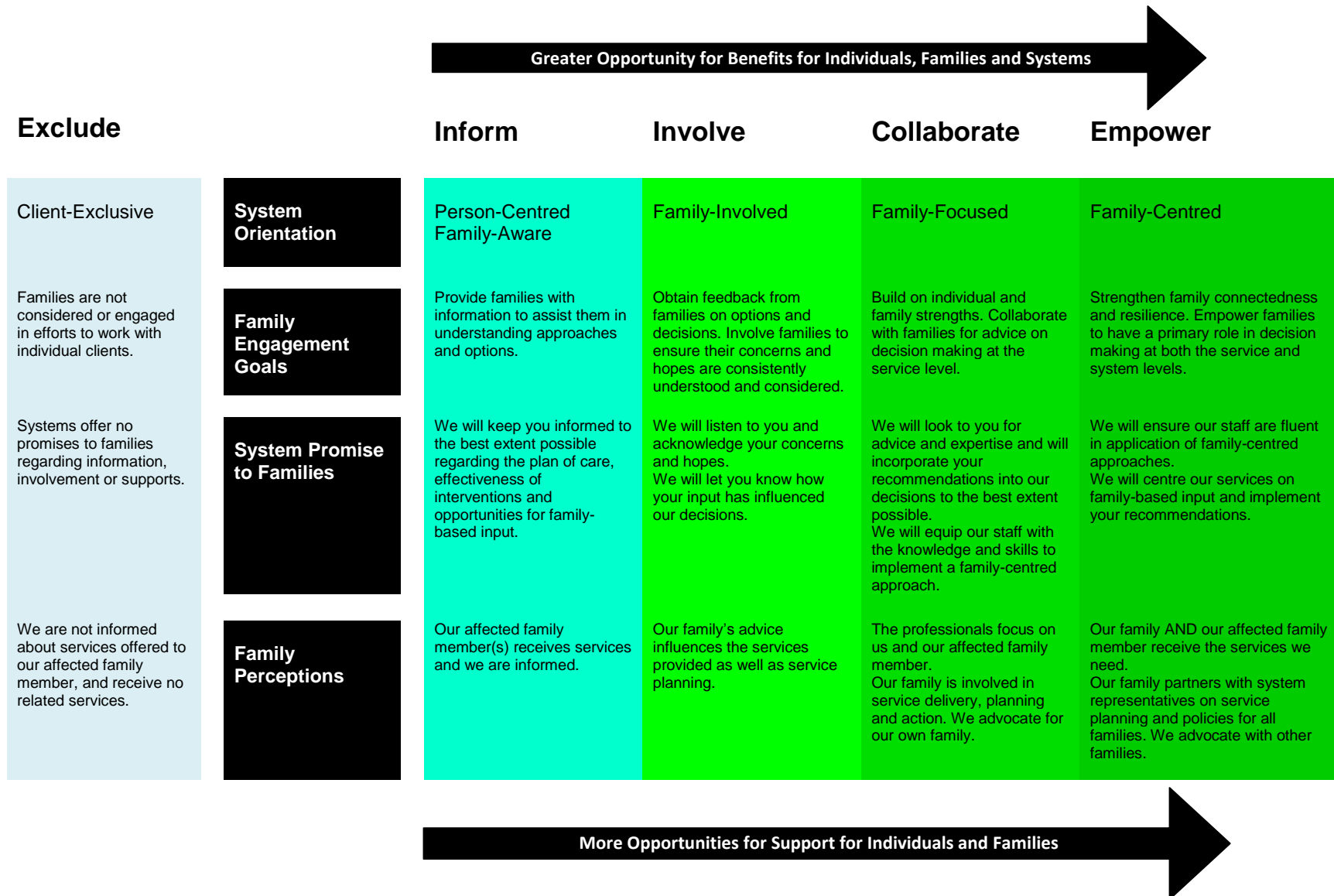
Systems and services can move towards becoming more family-centred by understanding where they are in the spectrum of family engagement and taking steps to improve partnerships with families and share decision making with them. The diagram below illustrates the various types of family engagement and involvement. Every type of family engagement along this spectrum (the experience of 'exclusion' excepted) offers opportunities for individuals, families, and systems to benefit.

A family-centred orientation is not intended to be an 'all-or-nothing' approach. Systems, like the families they interact with, are dynamic and move back and forth along this spectrum based on a variety of factors. The degree of family engagement and involvement is influenced by legislative and regulatory constraints, service provider capacity, as well as the acuity of the individual's mental health needs, individual and family needs for safety, and developmental and family capacity.

Regardless of where a system or service is located on this spectrum, and beyond the specific nature of each individual family's requirements, family engagement and participation can be facilitated from an individual family level to a broad level by addressing policy, practice, and organizational culture barriers.



Spectrum of Family Engagement: When a Family Member is Experiencing a MH/SU Challenge



Goals

Families at the Centre aims to facilitate public system planning efforts that:

1. Support families affected by mental health and substance use challenges to thrive
2. Minimize individual and family harms associated with mental health and substance use challenges
3. Combat stigma and discrimination experienced by families affected by mental health and substance use challenges

Achievement of these goals will mean that family members experiencing a mental health and/or substance use problem will be better positioned for success with their care and treatment, greatly diminishing the likelihood that other members of their family will develop an associated problem. Systems will benefit from increased reach and cost-effectiveness of services through enhanced collaboration, and from reduced incidence of mental health and substance use problems in the long term.

Focus Areas

The goals are supported by the following four areas for focused action which emerged from consultations with families, policy makers and service providers:

1. Health promotion, illness prevention, harm reduction, and early intervention
2. Care and treatment services and supports
3. Cross system collaboration and coordination
4. Knowledge exchange and workforce development

Details regarding opportunities for action in these four focus areas, along with overarching values and principles to guide a related change process can be found in **Appendix A, B, and C**.



How a family-centred approach could improve outcomes for Dennis, Carlene and their sons:

When Dennis starting having difficulties with anger at work, his supervisor would engage him in conversation about his mood and well-being, inquire about the associated impact on his work and family relationship and encourage him to access the company's employee counselling program or the local mental health services. The counsellor would explore Dennis' family and work context and the connections between his challenges, family, peer and collegial relationships and invite Dennis to find a way to include Carlene, and possibly their sons, in the treatment plan.

When Dennis first sought medical advice, his family doctor would explore how Dennis' concerns were affecting his family, including his wife and children, and his ability to work and parent. The family doctor would offer to discuss the diagnosis and treatment recommendations with both Dennis and Carlene. The recommendations would include the option to receive accurate information on mental health and illnesses and parenting with a mental illness as well as on community resources, such as peer or group supports.

When Carlene approached the family doctor for information the doctor would offer to meet with Carlene and Dennis together to discuss any concerns. If Dennis declined this meeting, the family doctor would also offer to meet with Carlene separately to discuss her concerns and experience of Dennis' problems, and her coping strategies. The doctor would share information with her, within the parameters of the law governing information sharing, and offer her guidance and resources to support her needs as well.

The psychiatrist that Dennis saw would fully explore the family context in relation to Dennis' presenting illness, including his relationships with his wife, sons, and extended family. This information would influence the proposed treatment recommendations and include support to Carlene and the two boys. The psychiatrist would recommend a community based program that supports families where a parent is experiencing a mental health problem. For example, in Richmond, BC, there is the 'Supporting Families with Parental Mental Illness' program. This could have prevented their oldest son's subsequent mental health problems, and Carlene's growing reliance on alcohol.

With earlier, more definitive information about Dennis's illness, Carlene would meet their son's teacher and/or the school counsellor to discuss the situation at home and explore school-based opportunities to support her sons' well-being and success at school.



Appendix A: Values, Principles and Opportunities for Action

Values

Families at the Centre has been strongly influenced by *Families Matter: a Framework for Family Mental Health in British Columbia* released by the F.O.R.C.E. Society for Kids' Mental Health in 2012. The foundational values listed below are drawn from a similar set determined by families consulted through the development of *Families Matter*. They have been affirmed and enhanced through the various engagement activities undertaken to develop *Families at the Centre*. Taken together, these values form the ethical basis of family-centred systems and services.

- Hope
- Compassionate pragmatism
- Inclusion
- Empowerment
- Interdependence

Guiding Principles

These principles can guide public systems and those who work in them to be more family-centred and achieve better results with families. Systems and service providers:

- Explicitly acknowledge the importance of family and community contexts in providing services and supports
- Work collaboratively with families and each other to identify and promote individual and family strengths, build resiliency, and mitigate vulnerabilities
- Contribute to the safety, well-being, and healthy development of individuals and families in each phase of life
- Work collaboratively to provide adequate levels of services and supports for all families experiencing mental health and/or substance use challenges
- Be “concurrent disorders capable” and be equipped with the corresponding critical mass of expertise and supporting infrastructure
- Engage in continuous dialogue with families, policy makers, and service providers about the family-centred nature of services and supports
- Engage in comprehensive knowledge exchange to generate, translate, disseminate and apply new knowledge and evidence
- Focus on collaborative practice that engages the public, private, and voluntary sectors
- Adopt a human rights approach that addresses the major legal, structural, and attitudinal barriers to health for families
- Develop a thorough understanding of the confidentiality and privacy issues flowing from the legislative and regulatory frameworks that guide work with families
- Introduce robust accountability frameworks in partnership with families

Opportunities for Action

For each focus area, an overview and set of recommended actions sets the stage for better results for families. Additional details to support these recommended actions, along with supportive examples of promising practices, can be found within the complete version of *Families at the Centre*.

Focus Area #1: Health Promotion, Illness Prevention, Harm Reduction and Early Intervention

1. Identify opportunities to promote the well-being of families experiencing mental health and substance use challenges, including ways to prevent the development of secondary problems in the family, and to minimize the impact of existing challenges on present and future family members.
 - a. Provide families with accurate, reliable, and impartial information
 - b. Connect families experiencing mental health and substance use challenges to each other
 - c. Connect families experiencing mental health and substance use challenges to professional services and community resources through Health Authorities and other health system partners and the Ministry of Children and Family Development
2. Build the capacity of communities to be aware of, respond to and support families experiencing mental health and substance use challenges.
3. Support families experiencing mental health and substance use challenges to meet basic needs, participate fully in community and economic life, and experience an improved quality of life.

For further details related to Focus Area #1, please see pages 26-33 in the complete version of *Families at the Centre*.

Focus Area #2: Care and Treatment Services and Supports

1. Using this planning resource, clearly articulate what constitutes family-centred service in each system, and what the benefits are for service providers and families.
2. Develop lenses, checklists, tools, and other practical resources to ensure that policies, services, practice guidelines, and standards are family-centred, culturally safe, and – where appropriate – informed by an understanding of trauma and how it affects the individual (e.g. potential impact of trauma on brain development and child development) and the whole family.
3. Explore options for integrating family-oriented treatment models, such as family therapy, into mental health and substance use services.
4. Involve families in aspects of monitoring, auditing, and evaluation, including process and outcome evaluation, to determine if families are better off as a result of services. Build continuous feedback loops into aspects of service provision to obtain immediate, real-time client feedback to inform and construct treatment, inspire innovation, and evaluate effectiveness and service quality.
5. Address barriers to and extend the reach of services by addressing families' basic needs, including childcare, accommodating work commitments, supporting involvement in decision making, and promoting mastery and self-determination.
 - a) Provide opportunities for service providers to engage with families in the community—where they live, learn, work, and play

- b) Meet children, youth, and families “where they are at” in their experience of mental health and substance use and emphasize the importance of incremental gains built over time
- c) Strengthen outreach to families involved with child welfare
- 6. Clarify information sharing, privacy, and access to information requirements as provided in different legislative frameworks and facilitate consistent family-centred practice to improve service quality and experience for children, youth, adults, seniors, and families.
- 7. Regularly review system policies and practices to eliminate discriminatory behaviour against individuals and families experiencing mental health and substance use challenges.

For further details related to Focus Area #2, please see pages 34-39 in the complete version of *Families at the Centre*.

Focus Area #3: Cross-System Collaboration and Coordination

- 1. Provide leadership and legislative and policy direction to support cross-system collaboration, coordination and effectiveness at multiple levels.
- 2. Support service providers across systems to work in highly collaborative, coordinated, and accountable relationships with each other and with families.
- 3. Foster seamless transitions for families across systems over time, and as their mental health and/or substance use service needs change.

For further details related to Focus Area #3, please see pages 40-43 in the complete version of *Families at the Centre*.

Focus Area #4: Knowledge Exchange and Workforce Development

- 1. Build capacity of service providers to engage in family-centred practice.
 - a) Create family-centred organizational cultures
 - b) Secure commitment at all levels in organizations to support staff to work in a family-centred way
 - c) Develop change management strategies that include the communication of visions, missions, and values that promote family-centred care and create corresponding and enabling organizational policies
 - d) Recruit staff who believe in and wish to practice in a family-centred way
 - e) Orient existing and new staff to the family-centred approach and provide ongoing opportunities for them to learn more about it
 - f) Value the family contexts of staff by implementing policies in the workplace that recognize family responsibilities and the need for flexibility and accommodation
 - g) Engage children, youth, and families to work with organizations in the development and evaluation of services
 - h) Provide family-centred facilities and meeting spaces
 - i) Celebrate and reward exemplary family-centred practice.

2. Inform services and supports that touch families' lives across multiple systems with new knowledge and evidence of effectiveness that is relevant to families experiencing mental health and/or substance use challenges.
 - a) Engage families and knowledge partners in dialogue on what it means to be family-centred in practice; incorporate family-centred approaches into practice guidelines across systems
 - b) Identify family-centred competencies in collaboration with organizations with a family mental health perspective, such as the National Institute of Families for Child and Youth Mental Health, F.O.R.C.E. Society for Kids Mental Health, From Grief to Action, and BC Schizophrenia Society
 - c) Equip service providers with the training, tools, resources, and support to engage in effective family-centred practice
 - d) Build opportunities for cross-system training, mentoring, and job shadowing to acknowledge that family mental health and substance use are not managed within one system
 - e) Support family-centered practice through related coaching and clinical supervision
 - f) Create forums for service providers from multiple sectors and families to share their positive experiences and challenges with working together
 - g) Disseminate *Families at the Centre* to post-secondary educational institutions.

3. Create opportunities for families to influence and contribute to the development, translation, dissemination, and uptake of knowledge and skills that support family-centred practice.

For further details related to Focus Area #4, please see pages 44-48 in the complete version of *Families at the Centre*.



Appendix B: Next Steps for Consideration

Families at the Centre is a planning resource for government and its public system service partners. The document aims to facilitate the development of legislative, regulatory, policy, funding, and service delivery environments that support improved mental health and well-being, and reduced harms from substance use across the lifespan for families experiencing mental health and/or substance use challenges.

The specific task of engaging families in the child- and youth-serving and adult-serving mental health and substance use service systems requires a shift in orientation, focused and deliberate attention, and reshaping of training and resource allocation. Required efforts will involve:

- Enabling these systems and services to become more family-centred
- Empowering families to become true partners in treatment planning, service delivery, and system development
- Enhancing research into the effectiveness of such enabling activities for both systems and families
- Evolving policies and practices to better reflect the needs of families experiencing mental health and substance use challenges.

Working in Partnership

To support a coordinated approach to these efforts, upon the release of *Families at the Centre*, the existing *Healthy Minds, Healthy People* governance structure and other existing senior government committees will be used to champion the philosophical and practice shift to a family centred approach, and promote change in order to achieve meaningful results for systems and families. The Family Mental Health and Substance Use Task Force will be reconfigured as the *Families at the Centre* (FATC) Advisory committee. The membership of the FATC Advisory Committee will continue to encompass representatives of ministries serving families, health authorities and other government agencies, and non-governmental organizations that represent the interests of families affected by a mental health and/or substance use problem. This cross-disciplinary, multi-level Advisory Committee will foster coordinated efforts to move to a family-centred orientation across public systems in BC by:

- Promoting use of *Families at the Centre* as a planning resource and lens for mental health and substance use cross-system public policy and practice
- Identifying opportunities within and across systems planning
- Developing knowledge translation and exchange strategies to promote understanding of a family centred approach
- Exploring and facilitating linkages with other systems planning priorities such as trauma-informed practice

- Fostering collaborative processes and mechanisms that bring together families with lived experience and planners and decision makers in BC's public systems

Further, the FATC Advisory Committee will identify and act on opportunities to develop and disseminate consistent practice and service tools such as:

- core components of a family-centred approach
- family-centred service assessment criteria and practice guidelines
- tools to assist with the interpretation of legislated privacy requirements

These tools and resources will support a shift to more consistent family-centred practice across the province.



Appendix C: Using *Families at the Centre*

Families at the Centre is a multisystem planning resource to assist staff across multiple public service systems to work with families affected by mental health and substance use challenges in a way that best equips them to thrive. Moving to a family-centred approach will require both commitment from organizational leaders and managers across multiple systems, as well as passionate and dedicated service providers who place families at the centre in their own practice, and are able to model the approach and share results with colleagues.

There is no right or wrong place from which to start the movement towards a family-centred approach. The following table suggests opportunities for immediate action.

How to Start Using *Families at the Centre*

- ✓ Become a champion of family-centred approaches.
- ✓ Develop your knowledge of family-centred approaches, digest the concepts in this planning resource, explore the references, and discover what a family-centred approach means in practice, and in an organization.
- ✓ Draw inspiration from some of the many examples of promising practices of family-centred approaches underway in BC and other jurisdictions that are listed in this planning resource under most of the recommended areas of action for each of the four focus areas.
- ✓ Share ideas and gain support – try to reach as many people as possible, and discuss with management.
- ✓ Use a tool, such as the *Family-Centred Practices Checklist* developed by Wilson & Dunst (2002), to gauge the extent to which current practices are using a family-centred approach. Consider drawing from the experience of others on how to engage the voice of families to inform service planning and policy development.
- ✓ Engage families. Families can be engaged through formal and informal mechanisms. For example, ask individual families involved in the system how they would like to be involved in the services they and/or their family member are receiving or bring families together in a focus group or advisory committee or council to inform your movement towards a family-centred orientation.
- ✓ Determine priorities. Work collaboratively with supervisors, colleagues, system partners and families to identify quick wins and strategies that will have the most impact on families and are easiest to adapt.
- ✓ Develop a plan and share the responsibility for implementation whenever possible.
- ✓ Identify data sources and indicators that can help to assess change and corresponding success.
- ✓ Implement the plan, celebrate the successes, and learn from the challenges.
- ✓ Evaluate the outcomes and continue to refine your efforts.