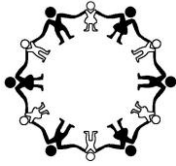


# Family Support Provision: A “Made in Ontario” Model



## Context

- Original idea of a family navigator discussed with Minister of Child and Youth Services, Deb Matthews in 2008
- Initial exploration and full proposal to the Ministry of Child and Youth Services presented to Minister Broten in 2009
- Minister Broten and Ministry of Child and Youth Services contracts with Kinark and Parents for Children’s Mental Health in 2010
- Resulting report of the collaborative work between PCMH, Kinark, and the Ministry of Child and Youth Services
- Outlines process, literature review, and makes recommendations for a “Made in Ontario” model of Family Support Provision

## Background

- The model will help families receiving service from MCYS funded agencies engage in and navigate through children's services
- The model aligns with key priorities of both Provincial and Federal Governments
  - The Mental Health Commission of Canada's Framework for a Mental Health Strategy for Canada
  - A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health
  - Realizing Potential: Our Children, Our Youth, Our Future, MCYS's Strategic Plan 2008-2012
  - The Select Committee on Mental Health and Addictions: Navigating the Journey to Wellness: The Comprehensive Mental Health and Addictions Plan for Ontarians

## Background (cont.)

- The model addresses the priorities by:
  - Recognizing children, youth, and their families need a flexible, broad continuum of services and supports that meets *their* needs (*A Shared Responsibility*)
  - Government and community partners working together (*A Shared Responsibility*)
  - Providing clients and their families access to system navigators (*Select Committee Report, Recommendation #3*)
  - Recognizing that services should reflect the core principles of child and family-centered care and service (*Realizing Potential*)

*The purpose of the Family Support Provision Model is to enhance service provision, decrease stigma, and improve accountability through a family-centered approach that focuses on meeting the need of both clients and families*

## Project Phases

- Phase 1 - Planning and Model Development
- Phase 2 – Initial Exploration

Phase 1 utilized National Implementation Research Networks (NIRN) approach applying NIRN's first stage, Exploration and Installation

## Literature Review

- Comprehensive search and review of both academic, peer-reviewed literature and grey literature focused on family-to-family support programs. Search process included:
  - Computer search of PSYCinfo, Social Service Abstracts and ERIC research databases
  - Website and Google searches
  - Gathering citations from articles references
  - E-mail and phone contact with American and Canadian organizations offering family-to-family peer support programming
  - Presentations and discussions with experts at the 21<sup>st</sup> National Federal of Families for Children's Mental Health Conference
  - Programs from recognized published reviews and compendiums

## History of Family Support

- Significant increase in the advocacy and family support movement in the past three decades
- Due to shortage of child and youth mental health services, many grassroots initiatives by family members have been started
- Family support and education now includes family-led programs, services provider-led programs and partnerships
- There is growing evidence behind the efficacy of family support in children's services

## Family Focused vs Family-Centered

- Family Focused philosophy is an approach centered on meeting client's needs within the context of the family
- Family Centered focuses on the meeting the needs of both clients *and* families, where the family is seen as the primary unit of attention. Family-Centered care is based on the following principles:
  - Recognition that parents are the experts in their child's needs
  - Promotes partnerships between families and services providers
  - Support the family's role in decision making regarding their child/youth

The "Made in Ontario" Model of Family Support Provision is based on a family-centered philosophy

## Roles of Family Support Providers

- Assisting families in identifying and prioritizing needs
- Providing referral to community programs
- Providing information to aid families in obtaining appropriate services
- Providing emotional support
- Acting as a liaison
- Assisting families to develop effective communication strategies
- Assisting families in navigating children's service systems

## Challenges Accessing Services

- The value of family-to-family support is clear but is further underscored by the barriers facing families:
  - Families often struggle to know what to do
  - Families are not always clear what services are available
  - Families do not know who to contact
  - Families do not know how to deal with other child and youth serving sectors such as education, health, youth justice

These challenges and barriers often leave families feeling isolated and frustrated, often times leading to families becoming overwhelmed by the combination of an often-fragmented system and their own life situations.

## Ontario Challenges

- 15 to 21% of children and youth affected by mental health disorders, meaning approximately 654,000 children and youth have a diagnosable mental health disorder causing significant distress
- Significantly higher rates for Aboriginal children
- Access, difficulty in both locating and then accessing care/services for children
- Diverse Need, Aboriginal, First Nations, New Canadian Immigrant and Refugee families do not readily access conventional mental health services
- System, agencies are faced with challenges in delivering appropriate services due to economic and political circumstances

## Family-to-Family Support Programs – The Evidence

- Family-To-Family Support programs in CMH has received far less research attention than other areas
- Review of the literature speaks to the value of the role of the family-to-family support providers filling gaps in service delivery, ensuring family engagement, and advocacy and systems change work
- Emerging data speaks to increased levels of satisfaction, improved mental health outcomes, cross-sectoral impacts such as improved academic performance, school attendance, and system co-ordination
- Further evidence is required, particularly for an Ontario model that must address our geographic and economic differences

## Family to Family Support Program – The Model

- Rationale
  - A “Made in Ontario” model of support that will
    - Consist of a composite of various models addressing Ontario’s needs
    - Informed by evidence
    - Reflect policies
    - Provide evidence for value of the model through comparison group study

Few evaluation studies exist examining evidence of the family-to-family support model

Those evaluations that do exist, many of them are embedded within an American context

The “Made in Ontario” Model addresses these limitations

## On-Line Focus Group

- Participants identified:
  - Schools as primary barrier related to mental health needs of children
  - Advocacy being the function of most help and should be a primary role of the Family Support Provider
  - Access to reading materials would be helpful
  - Having the support of someone with lived experience considered valuable
- Participants recommended:
  - More support for families in the schools
  - Increased availability of support groups
  - Increased availability of classes

## Principles of the “Made In Ontario” Model

1. Family support is individualized and tailored to meet the specific needs of families
2. Family support facilitates linkages of families to agencies, services, and to other families as well as within systems
3. Family support is respectful and responsive to issues of diversity
4. Family support builds skill through hands-on training, role modeling and mentorship, and other skill-building activities
5. Family support increases family members’ knowledge and capacity to help families make informed decisions about their child’s diverse needs

## Principles (cont.)

6. Family support is engaging; it actively partners with families to meaningfully involve them in programs and services
7. Family support problem solves by focusing on needs and solutions and by identifying successes of the past and options for continued success
8. Family support focuses on outcomes and successes and is goal oriented
9. Family support broadens horizons by expanding the possibilities for family involvement (from their own community to policy levels and cultivates a community of peer support)
10. Family support promotes advocacy and empowerment

## The Elements

- Family Centred
- Driven by partnerships
- Informed by policy and evidence
- Overseen by a Co-Ordinator
- Delivered by Family Support Providers
- Agencies and Families share a complimentary leadership role
- The initial testing/pilot will be governed by a Steering Committee

## Initial Implementation

1. Build evidence for the cross-sectoral "Made in Ontario: Family Support Model and;
2. Develop the Knowledge to expand and implement the model across the Province

Initial implementation in four communities so that:

- There is geographic representation
- There is the ability to control extraneous factors
- Streamlined data systems and processes
- Reduced barriers related to sharing of information

## Initial Implementation Phase

- *Staffing*
- Family Support Co-Ordinator
- Family Support Provider/Kinark area program = 4 FSPs
- Project Management provided by both Kinark and PCMH Senior Staff
- *Families Served in Initial Implementation*
- 20 families/FSP = 80 families (20 families/area program)
- Comparison group of 20 families/area program NOT being served by an FSP
- Families recruited from the DirectResponse Program – Kinark
- Randomly selected

## FSP Criteria

Selected/Recruited by Parents for Children's Mental Health

- Parents/caregivers of children/youth with behavioural, emotional or mental health disorder
- Parents/caregivers who have first-hand experience with the public mental health system
- Possess an ability to use personal experiences and knowledge to expand opportunities for families
- Able to partner and engage families and professionals
- Be a current member of PCMH
- Agree to collaborate with local PCMH Chapter
- Complete the certification course
- Commit to two years of service
- Complete a screening process

## FSP Roles and Responsibilities

- Assist families in identifying and prioritizing needs
- Assist families in locating and accessing community programs and resources
- Provide information to aid in obtaining appropriate services
- Provide emotional support during the course of service
- Serve as a liaison helping to build collaborative relationships
- Assist families to develop strategies to communicate effectively
- Support families in navigating various child and youth systems and services
- Provide support and information to other service providers

## Co-Ordinator Roles and Responsibilities

- Support intake and matching of families to FSP
- Co-Ordinate FSPs
- Work with management to establish family participation in processes and systems
- Facilitate training and on-going education
- Provide peer supervision and consultation
- Monitor fidelity of process
- Assist in involving family members in policy, procedure and process development
- Assist in quality assurance processes
- Ensure best practice in family-to-family support

## Staff Performance and Evaluation

- Based on Parent Support Partners Program as well as aspects from evidence in literature
- Interpersonal competency and personal skills
- Competence in the model
- Ethics and professionalism
- Supervision

## Factors Evaluated in the Implementation Phase

- Client (child/youth)
  - Improved functioning (including school)
  - Reduced mental health problems
- Caregiver
  - Improved family situation
  - Increased involvement in care
  - Increased communication regarding needs
  - Decreased stress
  - Increased knowledge of youth needs
  - Increased knowledge of CMH system
  - Increased sense of efficacy within the CMH system
  - Increased level of engagement
  - Increased knowledge of community services
  - Decreased sense of isolation
  - High satisfaction with services

## Factors Evaluated in the Implementation Phase (cont.)

- Service Providers
  - Increased alliance with families
  - High level of alliance with FSPs
  - High level of perceived effectiveness of service
  - High satisfaction with service
- Family Support Providers
  - Increased alliance with families
  - High level of alliance with Service Providers
  - High level of perceived effectiveness of service
  - High satisfaction with service
- Service
  - High level of attendance
  - High degree of fidelity to FSP Program

## Factors Evaluated in the Implementation Phase (cont.)

- Agency
  - Maximizing agency resources
  - Improved service quality
  - Improved policies and procedures
- Community
  - Increased levels of service integration
  - Increased awareness of CMH services
  - High level of perceived effectiveness of service
  - High satisfaction with FSP