

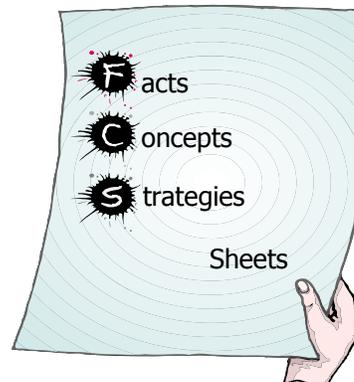
This FCS Sheet is #10 of an 18 part series on family-centred service.

If you are interested in this FCS Sheet, you may also want to read:

FCS Sheet #8:
Effective communication in family-centred service

FCS Sheet #13:
Setting goals together

Key definitions and a list of the topics in this series can be found at the end of this FCS Sheet.



Working Together: From Providing Information to Working in Partnership

Does this sound familiar?

Mr. Williams is not clear what his role should be with respect to making decisions about services and programs for his daughter, Brenda. Being very busy, he would prefer just to provide information about Brenda's needs, strengths, and interests, and about the family's priorities and needs. He feels, however, that he is expected to take a more active role in carrying out home programs, working with the service provider team, and coordinating all of Brenda's services. What is his proper role in a family-centred approach to service delivery?

Relevance

A basic assumption of family-centred service is that families are unique. The needs, preferences, and priorities of families differ and change over time. In a family-centred model of service delivery, families choose the level of involvement they wish to have in their child's service planning and implementation (Brown et al., 1997). This naturally affects the family's expectations and how the family sees the role of the service provider (Leviton et al., 1992).

True family-centred service means that families have **options** with respect to their level of involvement. Parents should feel comfortable in requesting a range of services, including training, direct provision of therapy, advocacy, support, information, and coordination.

Partnership between families and service providers is the ideal type of relationship according to family-centred service philosophy, yet it may not always be feasible. The notion of partnership acknowledges the expertise of the family. Families know their child's strengths and needs, and can best assess whether or not service options can be successfully incorporated into the family's lifestyle (Greenberg, 1994). Partnership also acknowledges the expertise of the service provider. Service providers know ways to assess the strengths and needs of children and families, and can recommend interventions to help children and families achieve their goals.

Partnership humanizes the service delivery system, improves outcomes for children, and results in greater satisfaction for both service providers and families (Beverly & Thomas, 1999; Brandt, 1993; Martin et al., 2000). When parents contribute to the planning process, they are more likely to believe in the goals that are set and to play a role in ensuring relevant strategies are implemented. Parents can gain a sense of control that adds to their personal well-being and their family's well-being (Beverly & Thomas, 1999).

Facts and Concepts

Family Roles

Different families have different preferences for being involved in their child's care. These preferences are based on the family's current situation, previous experiences, priorities, and values. Families can be involved in their child's service planning and delivery in a **range of ways** (Brown et al., 1997).

Family members, can participate in the following "non-partnership" roles:

- **Information provider:** Family members give others information about the child's functioning, strengths, and needs.
- **Consultant:** Family members give input into the child's goals and intervention methods. In this role, they are invited guests, rather than equal team members.
- **Assistant:** Family members receive education and information that helps them to carry out intervention strategies.

There are two main types of "partnership" roles in which family members can participate:

- **Director of their child's services:** Family members are the leaders of the decision-making process. The service provider acts as a resource and a consultant to help the family make decisions.
- **Team collaborator:** In this role, the family and the service provider bring unique, but equally important, expertise to the task of making sure the child is receiving the best services (Greenberg, 1994). The family is included in the assessment, goal development, and intervention planning.

In both of the partnership roles, service providers take a resource-based approach and parents make the ultimate decisions. Service providers assist families in making informed decisions that families feel are right for them (Leviton et al., 1992).

Strategies for Developing Effective Partnerships

Effective partnerships involve 3 basic things:

- Good relationships characterized by trust, commitment, and caring;
- Mutual respect; and
- Satisfying and effective decision-making and interactions.

Here are some **strategies** to ensure that these essential elements of partnership are in place:

Demonstrate trust, commitment, and caring

- Be non-judgmental.
- Share positive feelings of warmth and enjoyment of the child or youth.

- Develop mutually agreed-upon goals and commit yourself to these. Follow through on what you say you are going to do.

Show mutual respect for differences in values, skills, and knowledge bases

- Listen to what the other partner wishes to share. Acknowledge and validate the other person's experiences, concerns, and wishes.
- Be aware of the different attitudes, motivation, perspectives, priorities, experiences, and expertise of your partner. Respect these differences. Accept others as important service team members, with different information and expertise to share.
- Consider the socioeconomic and cultural/ethnic background of the other person. Different beliefs and attitudes should also be considered, such as expectations about how families and service providers should interact with one another.
- Share both your strengths and your limitations in terms of knowledge and expertise.

Make good decisions

- Share planning and decision-making.
- Recognize power issues and the fact that service providers may feel challenged and uncomfortable with a less directive role.
- As children mature, involve them more and more in the discussions and decision-making process.

Develop skills for effective partnering

- Recognize that working with someone in partnership involves communication skills, interpersonal skills, negotiation skills, and problem-solving skills. Be aware of your skills and abilities in each of the areas mentioned above.
- Continue to work on developing your skills and improve your comfort with using the skills effectively. For specific information and strategies, please refer to FCS Sheet #8 – *Effective communication in family-centred service*, FCS Sheet #9 – *Using respectful behaviours and language*, and FCS Sheet #11 – *Negotiation: Dealing effectively with differences*.

Summary

Families need to choose the role or level of involvement they wish to take when it comes to making decisions about their child's services. Families should feel free to choose roles that fit their needs and comfort levels, ranging from providing information to working in partnership. Effective collaborations and partnerships have benefits for both parties. Respectful and trusting relationships are characterized by open communication and mutually agreed-upon goals. Through the development of such relationships, service providers, parents, and children/youth together can determine and implement the best set of services and supports to meet the needs of the child and family.

Resources

- Beverly, C. L., & Thomas, S. B. (1999). Family assessment and collaboration building: Conjoined processes. *International Journal of Disability, Development and Education*, 46 (2), 179-197.
- Brandt, P. (1993). Negotiation and problem-solving strategies: Collaboration between families and professionals. *Infants and Young Children*, 5 (4), 78-84.
- Brown, S. M., Humphry, R., & Taylor, E. (1997). A model of the nature of family-therapist relationships: Implications for education. *The American Journal of Occupational Therapy*, 51, 597-603.
- Greenberg, J. (1994). Working with parents: Making successful collaboration a reality. *Rehabilitation Digest*, December, 7-8.
- Leviton, A., Mueller, M., & Kauffman, C. (1992). The family-centred consultation model: Practical applications for professionals. *Infants and Young Children*, 4 (3), 1-8.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68, 438-45

Key Definitions

Family-Centred Service – Family-centred service is made up of a set of values, attitudes and approaches to services for children with special needs and their families

Family-centred service recognizes that **each family is unique**; that the family is the **constant in the child's life**; and that they are the **experts on the child's abilities and needs**.

The family works with service providers to make informed decisions about the services and supports the child and family receive.

In family-centred service, the strengths and needs of all family members are considered.

Service Provider – The term service provider refers to those individuals who work directly with the child and family. These individuals **may** include educational assistants, respite workers, teachers, occupational therapists, physiotherapists, speech-language pathologists, service coordinators, recreation therapists, etc.

Organization – The term organization refers to the places or groups from which the child and family receive services. Organizations **may** include community programs, hospitals, rehabilitation centres, schools, etc.

Intervention – Interventions refer to the services and supports provided by the person who works with the child and family. Interventions **may** include direct therapy, meetings to problem solve issues that are important to you, phone calls to advocate for your child, actions to link you with other parents, etc.

Want to know more about family-centred service?
Visit the *CanChild* website: www.canchild.ca
Or call us at 905-525-9140 ext. 27850

FCS Sheet Topics

The following is a list of the FCS Sheets. If you are interested in receiving any of these topics, please contact *CanChild* or visit our website.

General Topics Related to Family-Centred Service

- FCS Sheet #1 – *What is family-centred service?*
- FCS Sheet #2 – *Myths about family-centred service*
- FCS Sheet #3 – *How does family-centred service make a difference?*
- FCS Sheet #4 – *Becoming more family-centred*
- FCS Sheet #5 – *10 things you can do to be family-centred*

Specific Topics Related to Family-Centred Service

- FCS Sheet #6 – *Identifying & building on parent and family strengths & resources*
- FCS Sheet #7 – *Parent-to-parent support*
- FCS Sheet #8 – *Effective communication in family-centred service*
- FCS Sheet #9 – *Using respectful behaviours and language*
- FCS Sheet #10 – *Working together: From providing information to working in partnership*
- FCS Sheet #11 – *Negotiating: Dealing effectively with differences*
- FCS Sheet #12 – *Making decisions together: How to decide what is best*
- FCS Sheet #13 – *Setting goals together*
- FCS Sheet #14 – *Advocacy: How to get the best for your child*
- FCS Sheet #15 – *Getting the most from appointments and meetings*
- FCS Sheet #16 – *Fostering family-centred service in the school*
- FCS Sheet #17 – *Family-centred strategies for wait lists*
- FCS Sheet #18 – *Are we really family-centred? Checklists for families, service providers and organizations*