

BRIEF:

ARE WE PRACTICING WHAT WE PREACH? Family Partnership in Residential Care

About the literature review and sub-study

The International Research Committee of the Association of Children's Residential & Community Services (ACRC) completed an overarching systematic review of the literature on family partnership concerning youth outcomes using a tiered concept of family partnership developed by the Family-Run Executive Director Leadership Association (FREDLA). Although family engagement is known to be vital in achieving positive outcomes, the extensive literature review revealed very few studies indicating family partnership in TRC programs. The overall review found that the most common family involvement methods were family therapy and family visits to the program, and the most common family engagement methods were activities, therapies, and skill building occurring at the home with family present. No studies indicated family-driven care which is a full partnership with families.

Several journal articles have been published from this review, including Are We Practicing What We Preach? Family Partnership in Therapeutic Residential Care for Children and Youth, which is the focus of this brief. This sub-study delved into a subset (30 studies) from the full systematic review that indicated some form of family involvement or engagement. The sub-study explored the different partnership methods exemplified in each, extracting study details, TRC program details, sample size, family partnership tier, and associated methods, examining if TRCs are indeed "practicing what they preach."

Defining "Family Engagement" -A Continuum of Partnership

Recognizing that the term "family engagement" is defined and used in multiple ways, the main and sub-studies utilized tiered definitions of family partnership developed by FREDLA that occur along a continuum that differs in intensity and authenticity. The tiers of family partnership (pg. 2) include family involvement (family's inclusion in their child's care), family engagement (collaboration between therapeutic residential care program and families), and family-driven (families as full partners throughout the organization).



Defining "Family Engagement" - A Continuum of Partnership (cont.)

Family Involvement (individual family level)

Examples:

Family input into the initial and ongoing clinical evaluation and treatment planning processes

Participating in family therapy

Parent training events

RTC covers transportation expenses for families to visit/attend events

Open door visitation (no set hours/dates)

Families have opportunities for input through surveys, pre- and post surveys

Parent support groups run by staff or clinician

Systems and methods of ongoing contact with family NOT tied to youth behavior

Family Engagement (programmatic level)

Examples:

Family input into type, frequency, and modality of services offered

Choosing and/or co-leading parent training events

Activities, therapies, & skill building happen at the home with family present, not just at the RTC

Families evaluate program and its policies

Families provide recommendations

RTC provides resources for family chosen trainings and programs

Parent peer support offered throughout intervention Parent support groups run by another parent

Families as "greeters" and program guides for other families

Family Driven

{organizational level}

Examples:

Parent peer support as part of treatment team and decision-making groups

Supportive services are provided when and where families need them, rather than solely in facilities

Families facilitating or co-facilitating training events based on input by parents

Families part of hiring, training, policy development, CQI, and evaluation across entire organization

Families help design spaces and the facility

Families have leadership roles with the organization and on the Board

Families initiate programs

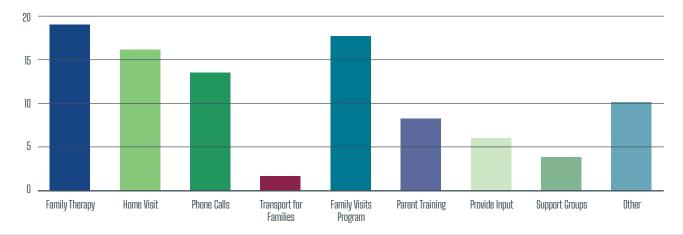
RTC provides resources for families to be full partners (stipends, childcare, travel, meeting time according to family availability, etc.)

What Did the Study Find and Why is This Important?

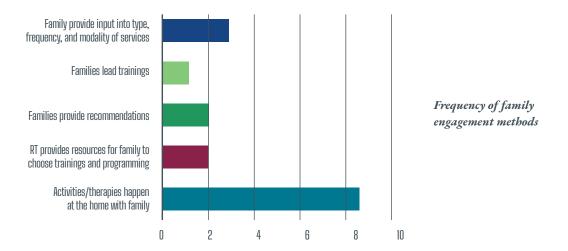
Findings

Of the subset of 30 studies, 23 studies met the definition of family involvement, and 7 studies met the definition of family engagement; no studies met the criteria for being family-driven. For family involvement, the most common methods of family partnership were family therapy and family visits; the least common were support groups and transport for families to events. For family engagement, the most common methods of family partnership were activities, therapies, and skill building occurring at home with family present, as well as family input into type, frequency, and modality of services. The following graphs show the frequency of methods for each.

Frequency of family involvement methods







As this sub-study explored, there are few activities noted in the studies beyond what is defined as family involvement (per the tiered definitions). For example, over half (63%) of the studies examined utilizing family therapy as the means of partnering with families. Although family therapy is widely used and an appropriate part of care in TRC, it is only one element of family partnership. The lack of true family partnership activities in literature leads us to question why, especially given that best practices call for increased family partnership, the value of which has been promoted for decades by advocates and the family and youth movements. There are multiple reports on the benefits of and how to increase family engagement in other settings, calls for improvement in this area in TRC in the gray literature (a term for "materials produced by organizations outside academic settings"), and studies beyond TRC suggesting that greater engagement leads to better outcomes at reduced costs.

Integrating family voice and expertise into residential treatment for children and youth is crucial for achieving positive outcomes.

Families are an essential source of information in developing treatment goals and approaches; they know the needs of their child, the effectiveness of past treatment, and the support they will need to be involved in their child's treatment. Family perspective in program design, delivery, and evaluation helps programs become more effective. Organizationally, family representation in executive groups, in paid positions within the program/facility, and in operational functions (i.e., hiring decisions, organizational development, and continuous quality improvement processes) strengthen the organization and its services to youth and families. In a family-driven approach, the focus is not to provide services to families but instead partner with them, incorporating families as experts who drive and guide care.

Suggestions discussed for increasing family partnership included expanding beyond in-person delivery (i.e., providing services such as therapy beyond the facility), using visitation to practice and prepare for transitions home (not as privileges to be earned but as part of the therapeutic approach), and co-developing with families a measure of family partnership (tool, checklist, etc.) and rigorously testing it in TRC to improve the quality of family partnership. This misalignment has several implications for both research and practice. These include the need for research that evaluates the effects of family partnership on outcomes in residential care, as well as the development of collaborations between researchers, practitioners, and families to increase the use of effective family partnering methods. "The belief in family partnership is evident, but belief alone does not change practice. Change in practice takes intention, ongoing effort, and a willingness to share power with families."



Related Resources:

- Points for Parents Considering Residential Care. A document to help families make informed decisions about out-of-home care for their child or adolescent. The publication reflects the insights of parents who have faced decisions about residential care and contains a checklist of important things for parents to consider.
- Family Engagement in Systems. Implementing the values and principles of a system of care requires family experience and expertise to be embedded throughout all aspects of a system. Where to begin and how to make it happen in systems are often challenges. This infographic highlights the key components of engaging families successfully in any child-serving system.
- Family Engagement in Residential Programs (2023) A Group Concept Mapping Study Findings Report. The Ohio State University College of Nursing: Supporting families during and after residential care is associated with a six-fold increased likelihood of sustained treatment gains. The Family First Prevention Services Act (FFPSA) recognizes the importance of family engagement and mandates that residential programs engage families. While this legislation promises to overhaul residential care, advocates have voiced concerns about the lack of clarity and uniformity around what family engagement will look like in practice. As of January 2023, the federal government still had no definition or activities around family engagement in residential care.
- · Operationalizing and Funding Youth and Parent Peer Support Roles in Residential Treatment Settings. A brief providing information and strategies for integrating youth and family voice as well as peer support into residential settings.
- The Association for Children's Residential & Community Services (ACRC) published several position papers highlighting that TRC programs needed to redefine themselves to become more engaged in their local communities and shift to a family-driven approach. Additionally, the Building Bridges Initiative (now part of ACRC) has several resources on this topic. All can be found on their website at https://togetherthevoice.org/

Citation:

Kayla Herbell, Patricia McNamara, Caroline Cresswell, Matt Price, Millie Sweeney & Christopher Bellonci (2024) Are We Practicing What We Preach? Family Partnership in Therapeutic Residential Care for Children and Youth, Residential Treatment for Children & Youth, 41:1, 2-23, DOI: 10.1080/0886571X.2023.2217530









