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Spatiotemporal Model of Family Engagement: A Qualitative Study of Family-Driven Perspectives on Family Engagement

Key words: Community of Practice; participatory action research; family driven; family engagement; family engagement model; systems change

Introduction

To advance training, practice, research and policy in school mental health, the IDEA Partnership ([\[partnership.org\]\(http://partnership.org\)\) and the University of Maryland Center for School Mental Health \(\[csmh.umaryland.edu\]\(http://csmh.umaryland.edu\)\) are supporting a National Community of Practice on Collaborative School Behavioral Health \(\[www.sharedwork.org\]\(http://www.sharedwork.org\)\) \(Wenger *et al*, 2002\). In February 2008, the Family-School-Community Partnerships Practice Group of the National Community of Practice \(CoP\) was asked by the National Coordinating Committee on](http://www.idea</p>
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A B S T R A C T

The Family-School-Community Partnerships Practice Group of the National Community of Practice on Collaborative School Behavioral Health conducted a survey of 30 families across the United States in an effort to develop a family-driven definition of family engagement. Literature on family engagement is reviewed, qualitative methods using a grounded theory approach are described and a model of family engagement is presented. The resulting spatiotemporal model of family engagement puts

forth family engagement as a process that represents a continuum, either moving toward increased partnership between families with children with mental health needs or sliding away from that goal, as part of a larger developmental process. We hope that this model may enable us to begin to recognize early when we fall into patterns that take us away from increased collaboration between systems and families, and to support identification of the next steps toward righting those relationships.

School Health and Safety (NCCSHS) to craft a family-driven definition of family engagement. The NCCSHS is a consortium of federal and national organizations in the United States (U.S.) focused on school health programs and initiatives. This article will present literature on family engagement, the process the Practice Group followed to arrive at a family-driven definition of family engagement, and finally the resulting model of family engagement. Osher and Osher (2002) articulate the importance of the shift from family-focused to family-driven to enable authentic collaborative relationships and family leadership for transformation in child-serving systems. It is the hope of the Family-School-Community Partnerships Practice Group that our efforts to facilitate a family-driven definition and model of family engagement will support grassroots efforts to welcome teaming between families, child serving systems and staff.

Literature review

Research has examined a range of ideas from the general sense of what family engagement means to families themselves, to its more specific effects derived from outcome measurement. In the U.S., the federal Systems of Care grant communities (focused on improving services and connections between systems for young people with emotional/behavioral challenges) examined family engagement in a Promising Practices monograph series (Worthington *et al*, 2001). In the five participating grant communities, the following were listed among the factors for 'success'.

- Providers listened carefully and respectfully to families' priorities – and addressed the highest priorities first and promptly.
- Services were designed on the basis of the families' identified strengths and needs as well as on their criteria for success.
- Services promoted and strengthened the connection between family and community.
- Providers, both individuals and teams, demonstrated genuine caring and were persistent and creative in meeting families' needs. Most important, they were fully accessible to families, often 24 hours a day, seven days a week.
- Services were flexible and provided additional supports not typically found in the rational approaches to service provision.

Services provided opportunities for family empower-

ment, learning, and skill building. Through this process, families were given the chance to solve their problems independently (pp16–7).

Additional research has shown the benefit of family engagement, from adult mental health services (Mottaghipour *et al*, 2006), to residential treatment for children (Nickerson *et al*, 2004; Johnson, 1999), and education (Swift, 1990; Constantino, 2007; Davis & Lambie, 2005). Switzer (1990) researched family engagement and other factors associated with helping children with learning disabilities reach their potential. Three of the four factors identified in this research dealt directly with family engagement. First, families who noticed signs of academic problems in their children would not accept feedback from clinicians who were not responsive to their concerns. Second, families who were engaged in supporting the achievement of learning goals in the home setting had more positive outcomes. Third, the way assessment results were expressed to families also affected their engagement and support. For example, discussing what the assessments meant helped engage the family more than discussing how the assessment results would be handled in the education process.

Constantino (2007), through the Family Friendly Schools program, sent a survey on caregiver feedback regarding family engagement. The results identified:

four domains of family engagement practice: 1) the welcoming environment of the school; 2) a healthy two-way communication between the home and the school; 3) the degree of parental involvement in specific academic realms; and 4) the school's support for home learning (p58).

This study also identified that family engagement decreases as students progress from elementary to middle to high school. Work focused on increasing achievement in Kentucky reported by the Commissioner's Parent's Advisory Council (2007) also featured family involvement as a target for reform. Like the Friendly Schools Program, the Kentucky report highlighted the need for welcoming environments, more communication and parental involvement in the school activities, and increased opportunities for families to learn how to support their children's learning. The report also called for increased parental involvement in key decision making, partnerships with the community, and for school staff to identify and support an adult for each child who would know that child's learning

needs and advocate for them.

Epstein and Salinas (2004) identified six types of school activity that supported parent involvement.

- **Parenting activities** assisted families with parenting skills and knowledge.
- **Communicating** emphasized active two-way communication between home and school.
- **Volunteering** focused on increased recruitment and training of families as school volunteers.
- **Learning at home** focused on homework to engage families in interesting tasks and other learning.
- **Decision making** engaged families in governance and advocacy.
- **Collaborating with the community** supported coordination of resources and services with the school and community.

In addition to being a featured predecessor to the above mentioned Kentucky report, these six types of involvement overlapped with the PTA's National Standards for Family-School Partnerships (2009), which featured welcoming environments, communication, support for learning at home, advocacy, shared decision making and community collaboration.

Davis and Lambie (2005) noted systemic barriers to family engagement at the middle school level, including increased communication difficulties and separation of services, as children have more teachers than they did at elementary school level. This lack of communication and separation of services led to lower levels of trust. They recommended:

If schools and families are to work collaboratively as partners, then schools must provide families with the developmentally appropriate opportunities and support necessary to promote and increase involvement in their students' education.

Therefore, developing effective partnerships with families requires that all school personnel (i.e., teachers, administrators, and student support personnel including school counselors) create a school environment that is accessible, inviting, and welcoming to caregivers. Developing these collaborative partnerships also requires that school personnel reach out to and provide caregivers with the information and support they need to become involved in their students' education (Davis & Lambie, 2005, paragraph 4).

The themes noted in the previous research are also echoed in the Promising Practices series.

Family members tended to place less emphasis on the formal characteristics of treatment options, such as a group home versus a hospital. Instead, they repeatedly focused on how services were delivered and by whom, rather than on any particular intervention. (Worthington et al, 2001 p19)

Several models of family engagement have been presented. Osher and Osher (2002) presented a continuum, with provider-driven and family-driven service delivery systems as the two poles, as a model for identifying the extent to which systems embody the value of working in partnership with families. Osher and Huff (2006) offer a model of family engagement for families involved in Juvenile Justice systems that mirrors the public health triangle, with first-tier opportunities available to all families, second-tier strategies directed at a targeted population of families and third-tier strategies geared toward specific children and families needing extra support to engage.

This paper examines factors that increase or inhibit family engagement identified by family members raising children with mental health needs. It attempts to organize their responses into a model of family engagement that remains consistent with what families said. The authors are family members who are active in the leadership team of the Family-School-Community Partnerships Practice Group of the National CoP. The larger CoP consists of a dozen practice groups who have identified their sphere of interest and expertise and tackle issues related to supporting children with mental health needs in school (for example focusing on quality and evidence-based practice, school mental health and systems of care). This practice group focuses on issues related to family engagement, partnerships and leadership. Our number includes families who also occupy professional and provider roles who still have young children at home with mental health needs, others whose children are no longer at home, some who have experience with wonderfully supportive systems, and some who do not.

Method

Participants

Family members were recruited through the Family-School-Community Partnerships Practice Group, made up predominantly of family members who have cared for children with mental health needs. They constituted a convenience sample that expanded using a snowball

method, participants of the Family-School-Community Partnerships community each spreading word of the survey through their national and regional networks. Thirty family members, including the authors as well as participants from across the country, anecdotally with families from Alaska to Texas and from California to New York, participated. Because the survey was not initially designed as a research study, it failed to include collection of demographic data on participants.

Survey and procedures

The Family-School-Community Partnerships Practice Group leadership team drafted six questions to identify how families defined family engagement, specific incidents where they felt engaged or disengaged, differences between systems and specific facilitators or barriers to engagement. The questions, presented in **Box 1**, below, were circulated to the larger community of practice for feedback, revised, and then checked again by the family member participants in the practice group leadership team. In March and April 2008 a web-based discussion on family engagement was facilitated through the interactive website sponsored by the IDEA Partnership for the larger CoP, www.sharedwork.org, on six open discussion boards where families were invited to respond to each of the questions and could view and respond to the comments of other family members.

As mentioned, the study was initially not conceived as a research opportunity as much as a means to get family input into the development of a definition of family engagement via the request for a family-driven definition. It was not until we began to review the rich data in the responses from families across the U.S. that a decision was made to organize the process toward participatory action research (Patton, 2002).

Data analysis

Grounded theory is a qualitative methodology that organizes attributes meaningfully into themes directly from data collected in interviews, focus groups or other observations (Creswell, 2003; Patton, 2002). The first and second authors undertook the line-by-line coding of the raw data collected from the surveys, first individually and then using constant comparison to reach consensus on line-by-line codes. Open and axial coding to establish relationships between the concepts occurred at several points, with various research team

BOX 1 *Six Questions Posted in the Discussion Section of the Family-School-Community Partnerships Webpage, March 2008*

1. How do you personally define family engagement?
2. Do you have examples of when you (as a family member) felt engaged by the following systems:
 - a. School
 - b. Mental Health
 - c. Juvenile Justice
 - d. Children's Protective Services
 Please do not include names of specific people, schools, organizations, agencies, etc.
3. What differences between systems (education, mental health, juvenile justice, protective services, etc) do you see regarding family engagement?
4. Do you have examples of when you felt you were not engaged by the system? Please do not include names of specific people, schools, organization, agency, etc.
5. What type of activity or approach works best to engage you?
6. What are some barriers to engagement?
 - a. Barriers you have
 - b. Barriers you feel from the system.

<http://sharedwork.org/documents/SixQuestionsFamilyEngagement.doc>

members meeting face-to-face on several occasions and manipulating the concepts in groups of two or three participants. While having a larger and therefore less controlled pool of researchers might have decreased the rigor of the analysis, it also strengthened the participatory nature of the analysis by inclusion of a greater number of participants from more diverse locations and roles.

Face-to-face coding sessions were arranged when family members were in the same city for conferences (in Nashville Tennessee, Washington D.C. and Phoenix, Arizona). This enabled family members to be trained and to participate in the process from such diverse areas as Washington, D.C., Pittsburgh, Pennsylvania, San Antonio, Texas, Long Island, New York, Peoria, Illinois, and Denton, Texas, and from diverse roles which included Statewide Family Network directors, local family network leaders, front-line family partners, and federal technical support providers. The first author took the lead in coordinating and facilitating these sessions and archiving the emerging model, which was then written up and shared with the leadership team for members to check. The model was presented at the Family-School-Community Practice Group annual meeting in September 2008, and adapted again in response to feedback from both family members and other school mental health professionals who attended these sessions.

The responses to the first question, which focused on the development of a family-driven definition of family engagement, were analyzed separately. From that analysis, a family-driven definition of family engagement (presented next), two overarching prerequisites, and roles related to family engagement emerged.

Results Part I: Family engagement in perspective: a family-driven definition

Definition and overarching prerequisites

Using the research process described above, the research team arrived at this definition:

Family engagement is an active and ongoing process that facilitates opportunities for all family members to meaningfully participate and contribute in all decision making for their children, and in meaningful involvement with specific programs and with each other.

This basic definition is supported by family input at all levels because of two requisite conditions: active and open lines of communication, and valuing the active contribution of families as full partners.

Roles in engagement

Systems, family professionals and family members each have a role in engagement.

Systems can set the tone by valuing family involvement and promoting inclusion of families as equal team members, including defining policy and practice related to programs and activities in which their children will be involved. Systems should not limit the ways in which families can participate. Families need to be supported by opportunities to interface with social, educational and community systems and resources, according to their needs as they define them.

The family is the team leader and should have early training by other parents with similar experience so that they understand processes. Families need to be actively engaged in supporting themselves and others, in finding solutions to issues. Family advocates and systems share responsibility for designing environments and processes to be family-friendly, respectful and inclusive of all family members. Potential barriers are considered and addressed with the family. Families have a voice at all levels and in the full spectrum of programs and services.

Families help determine what works best to facilitate their participation. They take responsibility for contributing their knowledge, goals and voice as active members of the team. They contribute knowledge of their child's strengths, weaknesses, needs and learning styles, and work collaboratively with the other systems to assure follow-through. They advocate for their child's right to appropriate services.

Outcomes reflect whether families are valued or devalued and ultimately focus on youth success. When agencies and family prioritize the ultimate goal of empowering young people to become successful adults, focusing on success and positive outcomes, young people are supported and encouraged to become as independent as possible as they move toward their goals and aspirations.

Results Part II: Themes, qualitative analysis and family voices

Family barriers to engagement

Isolation

Families spoke of their love for their children but talked about feeling sad and alone, and having limited contact with families raising children like theirs. These feelings sometimes arose from blaming and guilt, which increased their frustration. Their extended families and friends removed themselves, and parents spoke of not having peers or an extended network to use for support or advice. For example:

'My family [friends] has pretty much disavowed us; they don't want much to do with my son.'

'I did not know any other families with kids like mine.'

Families and young people talked about further isolation related to cultural differences. Sometimes these barriers seemed to prevent any attempt at engagement between systems and family.

'The community I belonged to while growing up was mainly a white middle-class family. Being a female student of color with strong connections to my family's culture and community outside of school, I would not have known what engagement was.'

Negative experiences

Families shared specific experiences that were traumatic

for their child and/or family. They included negative teacher interactions with parents, children's experiences of school as painful and threatening and the consequences of negative experiences. They reported threats of aggression, humiliation and isolation against their children. Consequences of negative experiences included school failure, hospitalization, runaways, experience of school as abusive and general concern that these added to the family and child's burden.

'One teacher rode our son to the point of breakdown... he turned over his desk in frustration and ran screaming out of the school... was later found by the police wandering the neighborhood... and required hospitalization for three months.'

Fear and mistrust

Families reported feeling intimidated, afraid of embarrassment, negativity, disability and stigma. They reported feeling hopeless, stressed and cynical, and subsequently found it difficult to trust. They said that they did not feel welcome, were feeling overwhelmed by their everyday stressors, and were afraid of seeking help.

'Everyone here knows everyone else, most are afraid to seek help. You also have the stigma of having a mental illness, going to the clinic.'

System barriers to engagement

Stigma

Families identified the overarching stigma attached to mental health differences as a systemic barrier. They recognized that, while mental health is equal to physical health in a person's complete health, it doesn't receive the same priority in legislation or funding. They cited lack of awareness of mental health as blocking recognition of the difficult realities faced by families raising children with mental health needs. Recognition of this reality was stated as essential to development of a cultural shift toward taking responsibility across the community for providing opportunity for adequate social support and full involvement in the community.

'People need to understand that mental issues isn't something we wanted to happen, but it did.'

Negative attitudes

Negative attitudes as system barriers fell into two broad categories, judgmental and professionally-centered

practice attitudes. Judgmental attitudes included use of static standards, negative stereotypes, blaming and professional distancing. Families reported frustration with being compared to an ideal that they should somehow meet, and feeling burdened in attempting to achieve it. They cited frustration that the burden of change was placed entirely on the child and family.

'Tell me what my family should be doing, what we should look like by your standards and be willing to change nothing about your approach. Those are the barriers that my family faced.'

'Court was an intimidating and a cold process anyway, but we would show up and get the regular lecture from the bench, but there was no effort to engage us in crafting potential solutions.'

Families considered professionally driven cultures as a systemic barrier in relation to professional defensiveness, condescending attitudes and limited perspectives on the child. They reported concerns with professionally driven practices and systems that were not open to information and did not see parents as valuable. Professionals sometimes appeared condescending and defensive. Families reported that their knowledge of their child in different environments was disregarded, and they were put in adversarial positions with limited input to individual school, probation or treatment plans. Professionals in one system frequently disregarded input from professionals in another system.

'When we attempted to form a partnership with our local district in Kindergarten, we were told that they did not need our input. They were the experts. We should just let them handle it and get back to parenting.'

'It was a professionally driven system and we were absolutely the problem.'

Administrative barriers

Families identified administrative barriers to family engagement as supporting policies that interfere with children's success. Families reported that some systems were ineffective, with agendas that worked against families, whether a focus on high stakes testing, a course of action they have predetermined with an individual child, or increased demands on teachers and lack of administrative support for effective practices. Individual systems challenges include profit motives in some systems,

mandatory participation and financial disincentives for change.

‘Administrators wishing to keep the status quo as the goal interfered with good teachers’ abilities to educate our children.’

‘Bureaucracy and groupthink perpetuate inefficiency and ineffectiveness.’

Families also identified inter-agency rule conflicts and lack of collaboration as barriers at systems level. They reported difficulty in complying with simultaneous directives in different systems that contradicted one another and feeling confusion about whose direction to follow.

‘When we were in compliance with the child protection regs, the probation officer would demand we change strategies and it would be in direct conflict with child protective services.’

‘School would demand we put our child on meds, probation would say no, child protective services would insist that we do, agency and psychologist would insist that he didn’t need them.’

Limited knowledge

When asked to identify personal and system barriers to family engagement, families identified limited knowledge in both families and across systems. Families reported that they lacked adequate knowledge about education, mental health and juvenile justice systems. They said that lack of specific education and familiarity with jargon decreases confidence and effectiveness in asserting their child’s needs.

‘Most parents don’t know special education and other laws; it’s harder to learn about a system when you are not part of it.’

‘We wasted a lot of time on therapies that were just stupid [behavior modification] because we did not know the difference.’

Families identified ignorance about mental health as contributing to blaming families and blocking successful engagement. Families reported that staff across systems lack knowledge about students with mental health needs, supports for child and family resilience and recovery, the impact of learning disabilities and school failure, best practices, and the capacity to provide adequate

support and follow-through. Gaps in professional education to support quality evaluation, development of appropriate resources and supports, and ongoing assessment were identified. Families mentioned the need for research to identify evidence-based interventions for specific populations in specific situations. Failure to manage mental health needs at school creates conflict between school and families, and the lack of understanding of mental health challenges increases blaming behavior toward families.

‘Lack of knowledgeable and skilled staff in many systems – many do not even know what they are seeing, much less what to do to support family resilience and recovery.’

‘One of the more telling issues was the total lack of understanding of our child’s chronic depression by school personnel.’

Lack of resources

Families reported discouragement and decreased energy after struggling to access resources, and difficulty in finding providers who see children and are covered by their funding source. They cited difficulties in getting to appointments due to travel time and transportation issues, missed work, inconvenient scheduling and childcare. Families saw system resource deficits such as lack of funding for the quality and quantity of services needed, funding shortfalls that focus on gatekeeping, lack of time to respond thoughtfully to the needs of children and too many children to serve, lack of volunteers, lack of extracurricular and community opportunities for successful participation, and lack of energy to try new methods and engage in collaborative work.

‘Mental health services are at least 30 minutes away... for most it takes a minimum of one hour to pick up the child and take him to the appointment. Then you have the appointment [1 hour] and the hour to return your child to school and you to work.’

Limited respect

Lack of respect was cited as a significant systems barrier to family engagement. Families reported lack of attention to strengths, limited respect for families’ experiences, and devaluation of family members’ ideas and input and of their time. They expressed concern about lack of understanding of the varying levels of family support,

strengths and willingness to assist, and said that blaming families prevented their connecting to systems.

'It was like they thought I wasn't a good parent and didn't want to raise my son right.'

Need to feel valued

Incentives to family engagement are based on the inherent value of families as active participants. They bring a unique perspective and a deep knowledge of their child that comes from living with them day-to-day, and are valuable contributors to the success of mental health services or any child-serving system involvement. When families are part of all discussions, they are invested in the processes and buy into their part of the solution. Families want to be included before any decisions are made, and want to know that their child is valued.

Family participants in the study viewed respect for their concerns, experience and role as a foundation for engagement, beginning with valuing families and listening, and developing into relationships which result in positive changes. They shared the difficulty they have in establishing trust, and asked that systems first listen and respect their experience. They expressed a preference for direct communication that is positive and values genuine questions, and having straightforward responses to their questions. Families want to know that their ideas, concerns and goals are the priority.

'I do not place my trust very quickly and so need a little time to make sure that the person I am speaking with is going to respect me.'

Hopes and dreams

Families spoke of their hopes and dreams for their children. They want their children to experience success, to learn, to have friends and have fun. They shared a desire to prioritize the child's interests, and recognition of their unique strengths and attributes.

'The methods to solutions may vary by entity but in the end the most important piece is that the child and their best interests are the sole goal.'

'I want my child to experience life in a positive way.'

Individuality and family culture

Families asked that systems honor their unique culture and recognize their perspective on the challenges they face. Activities that celebrate their diversity and recognize their strengths facilitate engagement. Families need flexibility, compassion for their efforts and willingness to craft individualized plans that fit their frameworks.

'[Find] ways to get involved that match family strengths and culture rather than just offering traditional practices and expecting those to automatically work.'

'[We need] recognition that our concerns are difficult whether understood or not... accept the difficulties as reality.'

Negative communication

Families reported barriers specific to mental health and school systems related to difficulties in communication. They cited difficulty with privacy laws and difficulty within mental health systems with providers who did not listen to them. In school settings, communication barriers included negative responses from educators and a tendency for communication to fade as the year progressed.

Confidentiality protections in some areas prevent families from being fully informed, and privacy is used as an excuse to prevent families from supporting each other. Information is difficult to access. In mental health settings families reported difficulty in getting therapists to listen to their concerns, and sessions that focused on negatives and which left limited time for questions. Families reported difficulty in communicating with teachers outside the school day, and problems with adversarial interactions with teachers, including regular negative phone calls. Families remembered specific painful incidents.

'The looks from the teachers when they could not come up with a positive thing to say about my son.'

'We would leave sessions in tears – both of us feeling much worse than when we entered – the therapist would not listen to my concerns.'

Communication

Communication emerged from the first responses as a

critical prerequisite for family engagement. Families identified the need to be heard, to share their experience with other people like them, to receive honest information and to be included in decision making for their children. Families reported wanting access to information without having to know the right questions to ask. They asked for assistance to understand the mental health, behavioral, interpersonal and educational information they need to support their children. They wanted to be heard regarding their insights into their child's behavior and to be an integral part of a decision-making team.

Specific behaviors important to communication with families were recommended, including use of humor, being kind and encouraging, using good eye contact and active listening strategies, providing a comfortable atmosphere, returning calls quickly, identifying children's positive attributes and behaviors and sharing those, and being honest and direct.

'I felt engaged when she would confer with me regarding the status of my child's improvements. When she actually listened to me, and took into consideration what I offered, I felt engaged and valued.'

'I could send notes to school, ask for a meeting or call when I would like them to check on her for me.'

Inflexibility

The theme of inflexibility came out of families' identification of general system barriers and differences between systems. They cited providing minimal levels of services to meet system requirements, lack of individualization, lack of access to quality education and role models, intimidation and procedural barriers as obstacles to engagement. They said that systems that were inflexible, inconvenient and complicated, or failed to individualize, were obstacles to family engagement. They reported that families were intimidated by systems, and that systems threw up too many barriers to participation in the form of approval processes and forms to complete. Systems failed to celebrate individual differences and to see children and families as unique. Families were frustrated with being excluded from services because they were different or did not fit pre-established criteria, and with systems that used static referral procedures to specific agencies and services regardless of individual needs.

'I didn't like the idea that I had to be at my wits end before someone said, Have you heard of...'

'They foster a mentality that differences are to be hidden instead of celebrated.'

A subtheme looked at specific failures within educational systems to provide appropriate accommodation. Families reported that schools failed to really know their children, delayed getting them help and failed to provide trained teachers. They stated that schools failed to take family concerns seriously and that this failure delayed access to help. Schools missed meaningful understanding of students by failing really to get to know them and to appreciate their strengths. Schools refused to teach them, sent them home, and pushed children to perform beyond their capability.

'They did not take the time to get to know my child and they did not want to.'

'She was assigned instead to someone who had no previous training in inclusion and no intention of engaging her in any instruction.'

Taking initiative

When families were asked for examples to illustrate occasions when they had felt engaged by systems, the theme of others taking the initiative stood out. Families cited many specific incidences where teachers went outside of the box and addressed needs ranging from within the classroom to beyond traditional educational boundaries, and demonstrated creativity and commitment to children as individuals. Teachers anticipated potential issues and prevented problems, identified specific strengths, made a point of sharing their appreciation of positive qualities and of building opportunities for children to use their strengths to experience success. They selected curriculum and interventions carefully, expected positive outcomes and communicated those expectations enthusiastically. School staff looked into the future and suggested supports to ensure continued success beyond their term of responsibility. Teachers attended to outside activities that were important to the child and encouraged them to bring them into the classroom, embedding educational tasks individually into meaningful outside work. Teachers took the initiative to understand the impairments and labels children presented with, and asked

for parental input to determine where the information applied. They took a broader developmental view of children under their charge and supported meaningful age-appropriate participation in normative rites of passage. Schools encouraged family-driven support activities and treated parents coordinating these events as peers, ensuring that they had keys for after-hours' events and access to facilities that met their needs.

'When the teacher met with me during the parent-teacher conference and knew exactly what my daughter's skills were.'

'When the teacher let the mother of a young man in her class know that my daughter wanted him to be the one to take her to the prom so that the mom could coach her son who actually got up the nerve and ASKED my daughter to prom. The same teacher invited two couples who were going to the prom to her house and served them dinner and took them to the prom so that we might go to the Grand March like any other parent.'

Fragmentation

Lack of collaboration was cited as a systemic barrier that blocks family engagement. Families resoundingly asked for increased consistency, coordination and collaboration across systems and decried services provided by systems with differing and often conflicting views of problems and interventions. Systems conflict was cited for dropping children and blocking appropriate and necessary support. Families specifically identified difficulty in managing redundant services and conflicts between different agency missions, as well as systems that used each other to pass off responsibility for addressing the needs of children with mental health issues.

'When they [mental health] did see him, they framed his problems as a juvenile justice problem... juvenile justice framed him as a mental health problem... neither really wanted to deal with him.'

'Not once did they consider working with the system that was helping our child, the local mental health agency personnel.'

'Wouldn't it be much easier to have services in the school where the parents do not have to take time off work and the child is de-escalated in a timely manner and he/she is

often returned to class in 10-30 minutes as opposed to missing hours out of the day?'

Strengths

Another strong theme families shared was the need to build on the strengths of children and families. Decreasing focus on deficits and increasing strengths-based understanding of behaviors support family engagement. Families value entities that take a genuine interest in their children and demonstrate responsiveness to their needs.

'To hear that they recognized her positive qualities and saw potential in her with the right supports in place gave me an overwhelming amount of comfort.'

'The best approach for me is to remove the focus on deficits and build on my child's strength.'

Barriers to family leadership

Families reported specific barriers to family leadership in systems. They stated that many systems fail to value family leadership. They lacked knowledge about engaging families, disallowed family leadership within their system, did not attend to connecting families to one another, and didn't allocate resources to training and hiring family professionals. Lack of family engagement tools was also cited. Systems can set the tone for engagement by valuing family and promoting inclusion of families as equal team members, including defining policy and practice related to programs and activities in which their children will be involved. Systems should not limit the ways families can participate. Families need to be supported by opportunities to interface with social, educational and community systems and resources according to their needs as they define them.

'It appears families are not allowed to be active participants in some systems. There seems to be a huge problem with connecting family members to one another.'

Family members as experts

As systems increasingly value family engagement, they increase their appreciation of the expertise that families bring to the table. Families have long histories with their own children and know their children's needs. Families need training by other parents with similar

experience so that they understand processes, and to be actively engaged in supporting themselves and others in finding solutions to issues.

‘When the team realizes that I have good information and that yes, they know my child but they recognize that I am the expert on my child and not just there because the law says so.’

‘View parents as critical pieces of providing our children with needed supports by recognizing our perspective as significant and necessary.’

Threats

Moving into the discussion of differences between systems and barriers to engagement, families talked about feeling frightened of systems and discussed specific issues about voluntary versus mandatory involvement in systems and turf issues across systems. Families face fear of removal from the systems that they rely upon, as well as difficulty in accessing information and with access to the processes of determining services and placement. They talked about having to chase information, individual systems having conflicting agendas that were not perceived as holding the child’s best interest. When families are invited to become engaged but are not valued or respected as contributors, they may experience attempts at engagement as disrespectful.

‘Parents have to give in or the child will be removed from the school.’

‘I perceive differences in the type of engagement when involvement is mandated versus voluntary. Ability to benefit, commitments and maintaining change processes may differ.’

Teamwork

In discussing increased engagement, families identified strongly with being a viable member of their child’s team. They recognized themselves as valued and respected when the team works in a responsive and collaborative manner to meet children’s needs.

‘Being part of the team instead of being patronized is when I feel engaged by systems.’

‘Partner with me in finding solutions... please don’t just tell me what we are going to do.’

Positive outcomes

Strong family engagement leads to increased resources for systems and other families, as families who have successfully negotiated systems become leaders. Family leaders provide vital supports for other families as well as for systems. These experienced families may staff resource centers and strong governance boards, and provide increased community service by developing family-run support organizations.

‘After the second program, I was asked to sit on the Board of Directors for that agency and helped make some very positive changes for other families in the agency policy and procedures.’

‘When I began advocating, their respect for my family’s experience and their willingness to look at it as an opportunity to work together for change engaged me.’

Family engagement increased reciprocal relationships between families and systems, helping to sustain a culture of ongoing engagement. Families were seen as valued allies, welcomed by the system, and when the system experienced difficulties, they in turn provided support to the systems. Families and systems built relationships and families continued to serve beyond their own children.

‘Respecting me as someone of value and engaging me as an ally rather than a problem helped.’

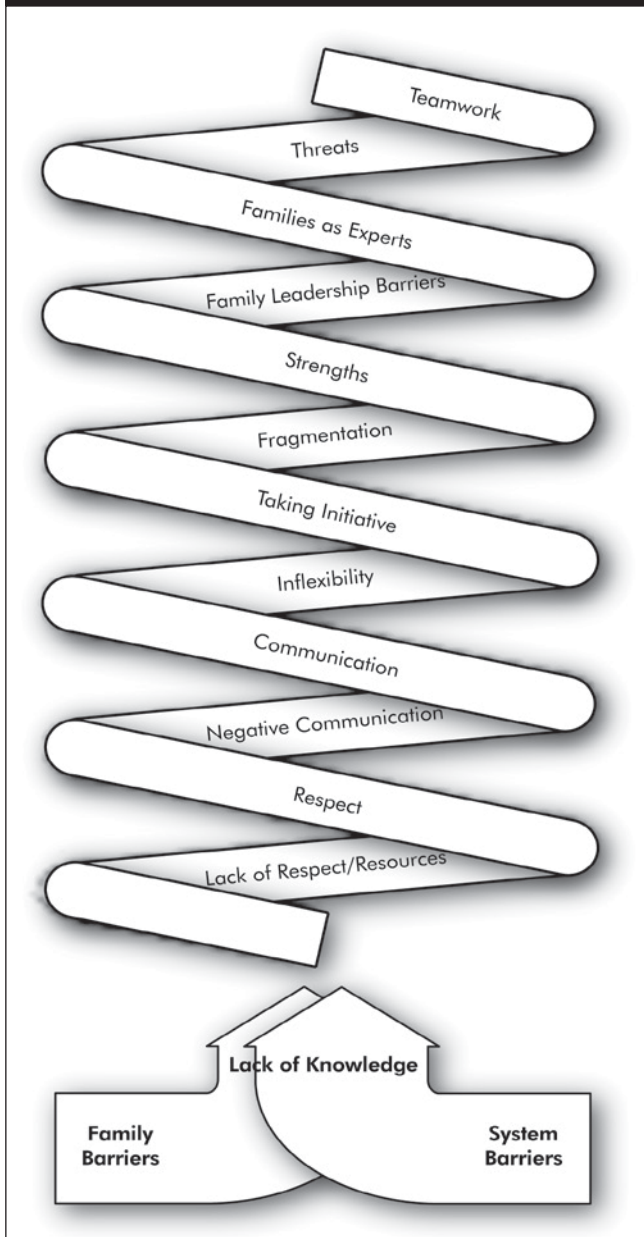
‘I remained a very active volunteer and built relationships with all the people that served or supported our children in their elementary years.’

The ultimate outcome of increased family engagement is increased success for children and young people. Schools and family prioritize their ultimate goal of empowering the student to become a successful adult, focusing on success and positive outcomes. Young people are supported and encouraged to become as independent as possible as they move toward their goals and aspirations.

Part III: Family engagement process and spatio-temporal model

Figure 1, opposite, presents a spatiotemporal model of the family engagement process. At the base of the

Figure 1 Family Engagement Process and Spatiotemporal Model



model are the family and system barriers that families and systems come with before any contact occurs between them. Barriers specific to families, such as isolation, past negative experiences, fear and mistrust, shape the way that families present at the schoolhouse door. Barriers specific to systems are expectations of families that are shaped by stigma, professional cultures with negative expectations of families, and administrative barriers before those doors ever open to receive families. This model assumes that both families and systems come to their interaction lacking in knowledge, and the barriers that they arrive with help explain some of

the negative aspects of their relationship. The themes which emerged from the family engagement discussion were first placed on to a spiraling continuum with family and system barriers at the base and the themes arranged from those representing disengagement to those showing engagement. This mono-directional flow from negative to positive engagement attributes failed to capture the back-and-forth nature of the developmental process of family engagement, and decreased the utility of the model in offering insight into the relationship of lower and higher level processes in the emergence of increasing family engagement.

In seeking to organize the experience shared by families into a model that would more accurately reflect the process of family engagement, we borrowed from developmental theory in the discipline of occupational therapy on the process of adaptation. As presented by Gilfoyle, Grady and Moore (1990), spatiotemporal adaptation is a theory that states that children develop specific skills in a transactional process between typical patterns of development and their environments (space and time, hence the term spatiotemporal adaptation). Development is facilitated by spatiotemporal stress situations where the environment presents challenges that are beyond the child’s highest level of movement, with the result that the child calls forth lower levels of function to adapt. Children developing ‘normally’ are able to use these challenges to move to still higher levels of development, whereas children with disabilities may continue to use lower-level patterns. This helps illustrate a proposed process in which the efforts of families and schools at engagement might be understood in the context of their interaction with one another.

The theory of spatiotemporal adaptation proposes that the properties of the desired outcomes are purpose, structure, and function. Purpose provides the motivation for movement. Structures and functions are processes used for adaptation. Here structures could be described as the physical interactions, space and rules, both written and understood, around the interaction between family and school. In family engagement, functions are the inherent need or demand for interaction between system and family to support children effectively. Purposes are our reason for engaging in this process, whether it is to support a child, fulfill an obligation, find social meaning or other motive (Gilfoyle *et al*, 1990).

Spatiotemporal adaptation is particularly useful in its understanding of the developmental process of building new behaviors. It seeks to explain the relationships between established and new behavioral repertoires,

and it provides some useful labels for these processes. It maintains that development begins with reflexive adaptations, although most of us have very established adaptive repertoires by the time we are engaging in the dance between systems and families. It could be said that we start with behavioral patterns much like reflexes, in that we do not give them much thought and they are fairly automatic behaviors and expectations. Our experiences and subsequent adaptation begin with these previously acquired behaviors, which may be in conflict with new demands. Established adaptive repertoires are the cumulative expectations and automatic responses we arrive with based on all of our previous experiences.

Assimilation is our recognition of the environment, what we choose to attend to or ignore, essentially our perception of what we experience. What do we see when we approach parents or, as parents, systems? Accommodation involves changing our responses or understanding of what is true, based on our perception. For a mother who has had a negative relationship with schools it may mean rethinking her beliefs because a teacher goes out of his way to smile and share positive experiences about her child. Association means connecting to other experiences, such as when a teacher generalizes either positive or negative experiences with families of a particular culture to other families of the same culture. Differentiation refers to being able to hold on to what is relevant about a belief while discarding other portions that are not increasing one's effectiveness. For a parent this may be recognizing the need to stay on top of best practices and advocate for their child, while letting go of the idea that their relationship with the school is necessarily adversarial. For a system, it may mean considering carefully what family professionals bring to the table, letting go of some barriers to family supports and crafting policy based on new understandings (Gilfoyle *et al*, 1990).

The basic assumptions of the process of spatio-temporal adaptation contribute useful insights into the process of family engagement. The first principle is the importance of established, past behaviors and beliefs for how we experience new events. The second states that, as past experiences are integrated with new ones, the old patterns are modified, resulting in higher-level patterns of behavior. Third, the integration of higher-level behavior increases the maturity of established, lower-level behaviors. Lastly, when faced with stress that demands adaptation, it is common to revert to lower-level performance as part of transitional behaviors. When this apparent decrease in performance persists,

it is referred to as maladaptive behavior. However, the stress created by the emergence of lower-level behaviors helps drive the system toward change and is not a negative indicator unless it persists.

Figure 1 presents themes that support increased engagement on the front of the rings, and those that decrease engagement on the back of the spiral. Family engagement is a transaction between systems and families in which both systems and families may move up or down a spiraling continuum, toward or away from increasing engagement. During times of increased stress, both systems and families may use primitive or lower-level behaviors transitionally before attempting new adaptive behaviors that can result in increased engagement.

Here is an example. A school administrator has been taking the initiative to provide some non-traditional support by mentoring a boy who shares his love of restoring old cars by introducing the boy to a mechanic friend and providing the opportunity to learn about cars. This action is promoting engagement between the school, its staff and the family. The next day the administrator responds to the boy's mother's unexpected request for an emergency Individual Educational Plan (IEP) meeting by saying no, citing policies and procedures in place, an action that interferes with engagement. When the youth bounds up to him in the hall the next morning with a new automobile mechanics magazine, the administrator thinks of the idea of tying the student's most difficult subject, reading, into a project requiring research on Model T restoration, and begins to think about how he could use the IEP meeting to pull the team together to develop a plan for using interest-based learning methods as part of the student's IEP. He calls the child's mother with this idea. This action moves the school and family back toward engagement.

The administrator responded to the initial demand for an immediate meeting as a stressor and, predictably, moved away from behaviors that supported increased engagement and toward an inflexible stance that really did not reflect the stage of engagement that he had been operating under (taking initiative). Once he had moved past the initial stressor, he used the situation to move toward higher-order responses on the continuum (use of the student's strengths) and so toward increasing engagement.

This is less an absolute continuum than an illustration of potential relationships between higher processes related to family engagement and lower or less effective strategies. It recognizes the potential relationships

between effective practices and less effective transitional behaviors as the disequilibrium that is a common part of change. It is hoped that further study of these potential relationships might contribute to more efficient movement toward family engagement.

Conclusion

Problems frequently are defined or perceived differently by various persons and groups. One's perceptions will be shaped by one's values, information, and experiences. Put differently, how a problem is defined depends not only on its objective dimensions but on how it is socially constructed. (Anderson, 2003 p82)

We are proposing a model in which family engagement is a process representing a continuum that may move toward increased partnership between families with children with mental health needs and which sometimes slides backward and away from that goal as part of a developmental process.

If organization matters, it is also the case that there is no one best way of organizing. (Wilson, 2000 p25)

There are no steadfast rules that every agency must follow, or specified parameters for environments or programs that support family engagement.

Government agencies... are likely to have general, vague, or inconsistent goals about which clarity and agreement can only occasionally be obtained. (Wilson, 2000 p26)

Families and young people express their satisfaction through self-reports of a higher quality of life, more engagement in the community, being treated with respect, a greater feeling of empowerment, and other items which are difficult to measure but easy to know if they are present.

It is our hope that this model provides another vantage point in engagement between families raising children with mental health needs and systems which enables us to begin to recognize early when we fall into patterns that take us away from our goals, and to identify the next steps toward righting our relationships.

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