

Back to Basics:

Meaningfully and Effectively Engaging Families in Pediatric Practices and Systems

A webinar series presented by the National Center for Medical Home Implementation, the National Center for Family Professional Partnerships, and Bright Futures National Center.

Family engagement is a family-centered and strengths-based approach to making decisions, setting goals, and achieving desired outcomes for children and families. Family engagement is an innovative approach grounded in mutually beneficial **partnerships** among health care providers, patients, and families. Before participating in the **2017 NCMHI Webinar Series**, take some time to review and reflect on the partnership continuum below.

- If you are a **pediatric clinician or practice staff**, rate where you feel you and/or your organization is on this continuum, with respect to partnerships with families and caregivers.
- If you are a **family leader or family advocacy organization (such as a Family-to-Family Health Information Center)**, rate where you feel you and/or your organization is on this continuum with respect to partnership with professionals (clinicians, practices, public health and Title V staff).
- If you are a **Title V/Maternal and Child Health professional**, rate where you feel clinicians and families in your state are on this continuum with respect to partnership with each other.

Coexistence	Networking	Cooperation	Collaboration	Partnerships
<ul style="list-style-type: none"> • Patients and families know about clinicians but don't work together • No direct relationships exist between patients/families and practices • No dependency or need to collaborate 	<ul style="list-style-type: none"> • Informal discussions held with patients/families, practice staff, and clinicians • Information sharing is the standard • No formal collective visions, missions, or tasks exist between patients/families, practice staff, and clinicians 	<ul style="list-style-type: none"> • No fixed or long term relationship is implied; no ongoing or formal commitment to each other • Acknowledgement of common issues, interests, and agendas • Some documentation may exist that parents/families are formally working with practices 	<ul style="list-style-type: none"> • Involves trust; based on negotiated and agreed actions • Shared decision making exists • Families and practice staff/clinicians both feel they are adding value to each other and themselves/their organizations • Some things may be given up (power, control, culture shift) 	<ul style="list-style-type: none"> • Parents, families, caregivers, clinicians, and practice staff work from an agreement base of shared values • Risks, rewards, resources, accountability, vision, ideas, and decision making are shared • Formal relationship obligations (accountability exists for families/caregivers as well as practice staff) • Processes, systems, and mechanisms are developed to support partnerships: structures, contracts, official employment of parent partner in a practice, contracts, principles, vision, etc.

Adapted from: Craig D, Courtney M, Waitakere Partnerships Research Team. *Key Learnings and the Ways Forward: The Potential of Partnership*. Auckland, New Zealand: Waitakere City Council; August 2004.

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