



Team Vision: Children have warm, positive relationships with their family that make them feel like they belong, are safe, cared for, valued, and supported.

Team Goal: Family voice is at the center and authentically leads in service planning/delivery.

Strategy	Action Items
Families will be involved at every step in discussions for their children's care/treatment plans.	Develop best practices.
	Families have a place/person to go to when they want to learn how to be involved. They can easily access information on their rights and resources.
	Interactions with families will be in plain language, communication and reading levels to meet low-level literacy parents (literacy in a broad sense).
	Families have the option of having a person of their choosing to assist them through this process (an advocate or peer support). Technical assistance would be available for that support person.
	Meeting times will not be a barrier to families. <ul style="list-style-type: none"> • Families will be involved in setting meeting times and a variety of times/options will be available. • Ample meeting notice.
Organizations will involve family voice in their work.	Develop best practices for organizations. <ul style="list-style-type: none"> • Use research to show outcomes are better with family involved. • Funding tied to parent involvement. • Include organizations who use parent leadership well. Identify the benefits of parent leadership.
	Develop survey for organizations to get family feedback on services organization provides. <ul style="list-style-type: none"> • Engage families in survey feedback. • Consider language of surveys so it is inviting to families, who get surveyed a lot. • Organizations share results of survey with families.
	Continually advocate for the importance of family voice. Educate on the importance of lived experience in systems improvement.

<p>Professionals will seek to understand the family and recognize them as experts.</p>	<p>Create video series or storytelling event that shows the real experience of families moving through the system/accessing services.</p> <ul style="list-style-type: none"> • These will help illustrate gaps, provide reflective practice work for providers, and keep families at the center. • Could provide a follow up questionnaire for provider.
	<p>Develop/provide a checklist to use with families during discussions.</p> <ul style="list-style-type: none"> • Embed the checklist into the provider’s professional obligations. • Checklist should include: <ul style="list-style-type: none"> ○ Have you paused to check for understanding? ○ Are you using plain language without being demeaning? ○ Did you treat parents as the expert? ○ Did you use multiple ways of explaining (considering cultural and/or language barriers)? ○ Did you ask if the family understood the next steps? Did you explain any ramifications? ○ If necessary, did you provide a warm hand-off and the family understood? Did you offer choices, put things in writing? ○ Did you ask how the family wants to have follow-up? • Alternative option – provide a brief but meaningful satisfaction questionnaire to families at the end of each appointment to evaluate whether the professionals used plain language, were they supportive, trauma-informed, etc. Consider a link that is texted to parents or QR code at end of meeting. Could incentivize families for completing it.
	<p>Develop/provide free training related to topics around families. Training should be on paid time or time should be reimbursed. Topics include:</p> <ul style="list-style-type: none"> • Plain language – how to simplify language and practice using it. • Ongoing diversity and inclusion training. Cultural reverence/humility/competency. • Active listening. • Offer translation services to families. • Trauma informed care – medical professionals do not understand the level of trauma happening at home or what children are coming in with. • Motivational interview – how to motivate the conversation without directing it. Give power to families. • Person centered styles.