Family Driven Care and Practice System Self Assessment Tool©

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Family-driven Care and Practice System Self-Assessment Tool

Instructions for using this tool

Goal: The Family-driven Care and Practice System Self-Assessment Tool is intended to help family-run organizations, providers, agencies, and collaborative projects quickly get a sense of their current capacity to make the transformation to family-driven care and practice.

This tool is intended to be used in an interactive way with a group of individuals from either similar or diverse perspectives or roles. It is not a paper and pencil test to be rated or scored. Its value comes from a facilitated discussion with the respondents. It is assumed that participants will be from the same community, same agency, or are coming together to collectively address a common concern or develop an initiative in which all of them have an interest. Before using this tool, the participants should be introduced to the definition of family-driven care. A PowerPoint presentation with detailed notes for using it has been created for this purpose and is included on the CD.

Preparation: To use this tool, you will need copies of the form and handouts for every participant, a computer with an LCD projector and screen, chart paper with markers and masking tape. Pens and note paper should be provided for each participant. You also need to make sure the room is set up so everyone has enough space at the table so they write and spread out their papers and can easily see the screen. Choose a handicapped accessible setting that has free water, coffee and tea available in or near the meeting room and has convenient and affordable parking or public transportation. Arrive early to test the equipment and make sure the room is properly set up. If microphones are needed make sure to have one that can travel around the room so everything participants say is clearly heard by everyone.

> *NOTE:* Throughout the process, the facilitator needs to attend to the comfort level of participants, encourage discussion, and create an environment where everyone feels safe and diverse or divergent viewpoints are voiced without prejudice.

The Family-driven Care and Practice System Self Assessment Tool has three sections. The first, **Readiness,** taps participant's perceptions.   The second, **Infrastructure,** describes the current environment. The third, **Resources,** identifies tangible supports for making the transformation to family-driven care and practice.   When printed out, each section should be on a separate page. Using this tool is a multi-stage process. It will take a minimum of 90 minutes to complete each section, perhaps more, depending on how quickly participants work and how much they have to say. Some groups might want to work on this over two sessions. In that case, do section one the first day and sections two and three the second day.

Step 1: The object of this step is to collect raw data about the current status of family-driven care and practice. Participants should be given the Family-driven Care and Practice System Self-Assessment Tool along with a copy of the *Definition of Family-driven Care* and a copy of the *Characteristics of Family-driven Care*. Both documents are included on the CD. [*NOTE:* if you are doing this process in two sessions, only give participants the first page.] After introducing the process, ask them to read the definition and complete all pages of the form. Encourage participants to be self-reflective and honest. Assure them that nothing will be identifiable back to them (unless they voluntarily disclose it). They should be told very explicitly to NOT put their names or any identifying marks on the form. Allow sufficient time for reading, thinking, and writing. The best way to gauge the time would be for you to do it yourself in advance. Wait for all participants to finish even if it takes longer than you planned. Collect the completed forms just for section one. Ask participants to keep their responses to sections two and three but leave them behind with you if, for any reason, they must leave early. (Explain that you don't want to lose their input.)

> *NOTE:* it is incumbent on the meeting sponsors and the facilitator to determine before-hand which, if any, of the participants will need assistance completing the form either because of language barriers or facility with reading or writing. Culturally appropriate and sensitive accommodations should be arranged so these participants are full members of the group, are not stigmatized and feel comfortable in responding.

Step 2: The object of this step is to develop consensus about readiness for making the transformation to family-driven care and practice. Shuffle the responses to the first section **Readiness** and hand them back to participants randomly. Check to make sure that no one has their own responses.

Compile the data.
Maintaining strict anonymity for this activity is critically important! Ask all those who have a form where the response to the first item is "yes" to raise their hand. Count the hands and record data using pre-prepared newsprint sheets or a computer with an LCD projector. The recording sheet should look as much like the original form as possible. Follow by recording the "no" responses for the first item. Then, ask for the comments, if there are any, to be read. These too should be recorded. Repeat the process until all the data for all four items in the first section have been compiled. Move through this as quickly as possible without any discussion or elaboration. Give the group a short break during which you can tally the results and display them.

Do a reality check.
After the break ask participants what they think of the results. Give them an opportunity to discuss or react to any of the comments. Allow no more than 10 15 minutes for this discussion. Some prompts you could use follow.

- Does anything stand out to you about these results? Such as a pattern for a particular constituency?
- Do the results seem to accurately reflect your community?
- Are the results what you expected? Why or why not?

Move on to building consensus.

Start by asking participants to each write down, using the note paper you provided, a one sentence statements summarizing what the results tell them about how extensively the constituencies in their community are using the definition of family-driven care. Urge participants to phrase their statements in a standardized way. Each statement should have only one idea in it. Go around the room asking participants to read their statements. Allow folks to pass. If there is more than one idea in a statement, as facilitator you need to coach the participant to break it down. For example, "Our system of care uses the vocabulary but does not implement the principles in practice." breaks down into two statements. Record these on a fresh sheet of newsprint or a new document on the computer. Paraphrase where you think appropriate but check with the speaker to make sure they feel you have captured their intent accurately. Allow participants to "endorse" a previous statement if they believe it is congruent with their own rather than be duplicative. You can ask a participant if they feel their statement is the same as a previous one if they don't make the connection. Allow "edits" to previous statements with approval of the original speaker. Make sure to keep the compiled data visible throughout this discussion. Do NOT allow someone to "criticize" or "reject" another person's statement. If necessary, emphasize that everyone has a point of view and that everyone's point of view has some validity even if it is not shared by others.

Draw a picture.

Next the statements need to be organized. Ask participants where the statements fit on a continuum from provider-driven to family-driven. It might be necessary and appropriate for you to develop a different framework based on your group and/or their responses. One option for recording this would be to draw a line with an odd number of points on it – something like a Likert Scale. Be creative. The goal is to give participants a strong visual image. Once you have this you are done with the first section and should take a long break before going on.

Step 3: The object of this step is to collectively create a description of the infrastructure that is currently in place to supports the transformation to family-driven care.

Compile the data.

Here, you as the facilitator need to make a critical decision. If you feel participants are comfortable and safe taking personal responsibility in public for their own views you need not collect, shuffle, and redistribute the responses as you did for the previous activity. If, however, you feel protecting the identify of participants remains critical, repeat the process used for the **Readiness** section making sure no one has their own form. Going around the room and following the sequence of questions have participants give you one item at a time while you

compile all responses as you did for the first section. Instruct participants to avoid duplication by choosing a different item from the list in front of them or taking a "pass." Also, there may be some parts where there are no or very few responses. This is OK. When all responses are recorded take a short break.

Do a reality check

After the break first ask if anyone has anything else to add to the list. Then facilitate a discussion about how accurately this reflects the participant's view of the community. Do not be surprised if some participants think it shows the community in a different light than they thought. Having contributions from a variety of perspectives expands thinking.

Identify strengths and gaps

Once the data has been compiled and discussed it needs to be organized in a way that it can inform planning and decision making for the successful transformation to family-driven care and practice. Create two lists – one headed "strengths" and the other headed "gaps." As before, use pre-prepared newsprint charts or use the computer and LCD projector so everyone can see the work as it develops. Participants should be able to quickly translate the list of things currently in place they just created into "strengths." Gaps can initially be identified as the infrastructure items where participants had identified few or no examples. Encourage participants to add items to either list.

Prioritize

The last activity in this step is to get the participants to examine both lists and take the initial step towards action planning. Action planning is another strategic activity that should follow and build on this type of exercise. For the "strengths" ask them to identify which should be sustained and which should be modified or even discarded. For the "gaps" ask them which, if they had a magic wand that would only work three times, would they wish for. Participants need to "vote" on these gaps in order to prioritize them. You can use any method of your choice for voting as long as it is fair, quick, and will yield a result the participants will trust. A common strategy for voting if your data is on chart paper is to give each participant three colored adhesive dots, allow them to walk around and paste their dots on the items they think are most important. If you are using a computer and have a printer handy you could print out the list of gaps and give each participant a copy to mark like a ballot.

Step 4: The object of this step is to inventory existing resources that support family-driven care and stimulate thinking about how resources should be reallocated or where new resources need to be found. Using strategies similar to those for section two **Infrastructure** compile data, identify strengths and gaps, and prioritize funding needs.

Summary and Next Steps

At the end, the facilitator should summarize the "take away" messages from this working session. This should be followed by a final voluntary exercise. Ask participants to be

introspective and identify something that they will personally take responsibility for doing to achieve the transformation to family-driven care. Tell them to write this down and put it in a place where they will see it every day so they can ask themselves how well they are doing, celebrate their success, and challenges themselves to do even more. If you want to be a bit more dramatic about this activity, give everyone a stamped self-addressed envelope in which to put a copy of their personal commitment. Have them seal these and give them back to you explaining that you will put them in the mail in two weeks.

It is very important for participants to be able to take the product of this working session home with them. Make sure to print out a copy of the final result of each step of the activity or e-mail it to each participant within 24 hours of the close of the session. Those without e-mail should get a paper copy in the mail.

> *A Word About Roles:* While everyone has m any roles in life, we have only one head and only one mouth. We can wear only one hat at a time and can speak with only one voice at a time. Participants who have several hats should be instructed to respond to the questions in the role and voice that they hold when participating in this meeting. For example, a teacher who also has a child in the program will respond as a teacher if she or he is representing the school system but he or she will respond as a family member if representing families who are enrolled in the program.

> Participants are asked to identify their role for each step. This is optional and should only be used if the system plans to disaggregate the data by role.) However, doing this with a small group where there might be only one or two participants who fit into a certain role or are from the same system should be carefully thought through. Small number in any category can lead to invalid conclusions. More importantly it can make it easy for others to identify responses from a specific participant thus breaching the trust and confidentiality necessary for this process to have integrity.

1. Readiness

1.1. Uses the vocabulary of family-driven

	Yes	No	Comments or data
Self			
Agency			
System of Care			

1.2. Understands what family-driven means

	Yes	No	Comments or data
Self			
Agency			
System of Care			

1.3. Believes in family-driven care and practice

	Yes	No	Comments or data
Self			
Agency			
System of Care			

1.4. Applies the principles of family-driven care

	Yes	No	Partly	Comments or data
Self				
Agency				
System of Care				

Your role – check only one:
☐ Family member or primary care giver
☐ Youth
☐ Administrator
☐ Supervisor
☐ Service provider (i.e. care manager, teacher, counselor)
☐ Policy maker
☐ Other: _____

2. Infrastructure for family-driven care and practice

2.1. List training on family-driven care and practice including who gets trained and if/how trainees get follow-up coaching to use knowledge and skills taught in the training

2.1.1.

2.1.2.

2.1.3.

2.2. List policies and procedures that support family-driven care and practice with respect to:

2.2.1. Choosing supports, services and providers.

2.2.2. Setting goals.

2.2.3. Designing and implementing programs.

2.2.4. Monitoring outcomes.

2.2.5. Partnering in funding decisions.

2.3. Describe how family-driven care and practice is rewarded.

Your role – check only one:
☐ Family member or primary care giver
☐ Youth
☐ Administrator
☐ Supervisor
☐ Service provider (i.e. care manager, teacher, counselor)
☐ Policy maker
☐ Other: _____

3. Resources for family-driven care and practice

Human		In-kind		Fiscal	
Type & Amount	Source	Type & Amount	Source	Type & Amount	Source

Your role – check only one:
☐ Family member or primary care giver
☐ Youth
☐ Administrator
☐ Supervisor
☐ Service provider (i.e. care manager, teacher, counselor)
☐ Policy maker
☐ Other: _____