

A ROADMAP
FOR PRACTITIONERS
AND FAMILIES
IN HEALTH,
HUMAN SERVICES,
AND EDUCATION

STRENGTHENING PARTNERSHIPS

A Framework for Prenatal through
Young Adulthood Family Engagement
in Massachusetts



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The Regional Family Engagement Coalition members consists of over 500 members who came from varied roles and sectors, including but not limited to youth; family members; home visitors; Early Intervention specialists; family engagement professionals; early education and care educators and administrators; school and district educators and administrators; after-school and out-of-school time providers; health professionals; faculty from institutions of higher education; libraries; museums; advocates; health care centers and the pediatric community; immigration and refugee organizations; and cultural, faith-based and other community-based organizations. The state coalition members represented 11 state agencies across both the Education and Health and Human Services secretariats:

Board of Library Commissioners

Children's Trust

Department of Early Education and Care (EEC)

Department of Elementary and
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Department of Mental Health

Department of Public Health (DPH)

Department of Transitional Assistance

Massachusetts Developmental Disabilities Council

Office of Refugees and Immigrants

University of Massachusetts - Boston

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Suzanne Gottlieb, Director, Office of Family Initiatives (DPH)

Roxanne Hoke-Chandler, Statewide Family Engagement and Collaboration Coordinator (DPH)

Kathy Rodriguez, Team Leader (ESE)

Emily Taylor, Early Learning Specialist (ESE)



INTRODUCTION

What is family engagement?

The U.S. Department of Health and Human Services and U.S. Department of Education's policy statement on family engagement from the early years to the early grades defines family engagement as "the systematic inclusion of families in activities and programs that promote children's development, learning, and wellness, including in the planning, development, and evaluation of such activities, programs, and systems."¹ Similarly, the Title V Maternal and Child Health Block Grant defines family partnership as "the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. Family engagement reflects a belief in the value of family leadership at all levels: from an individual to community to policy." These definitions can easily be applied across the continuum, from prenatal to young adult years and across domains such as health, education, and human services.

Family engagement that connects families, children, youth, and practitioners at all levels is **systemic** (incorporating engagement strategies into all systems and services) and **intentional** (incorporating purposeful and deliberate engagement strategies). Effective family engagement involves **connecting** with families, interacting with them as equal partners, and establishing with them strong **two-way** communications channels².

Meaningful and long-term family engagement can be established only when organizations create a systemic **culture of engagement** and collaboration. Creating a culture of family engagement involves a primary and on-going focus on engagement

rather than a series of isolated or arbitrary efforts. An organization-wide culture of family engagement requires ALL staff in the organization, irrespective of their roles, to embrace the importance of engaging with families. A strong culture of family engagement is respectful of families and grows and evolves with the needs of children, parents, families, and practitioners. The organizational leadership needs to continually address the coordination, improvement, and sustainability of existing family engagement policies and practices, within the organization as well as between organizations and stakeholders within the community.

In recent years, research and policy have pointed to a directional shift in the focus with families from parent involvement to family engagement. The term **family** engagement is used instead of **parent** engagement to account for the diverse constellations of families to which children belong. Similarly, the term **engagement** is used in place of involvement because involvement implies doing **to** whereas engagement implies doing **with** – it suggests a comprehensive, collaborative, and concentrated effort to establish a relationship with families.

Engaging families begins with adopting a **strengths-based** approach that is culturally linguistically responsive. Such an approach involves³: recognizing the strengths of families; acknowledging, respecting, and learning from individual and group differences; considering family preferences while adapting practices; sharing decision-making with family members; and approaching families as equal and reciprocal partners.

Family engagement must be **equitable**. Meaningful family and community engagement promotes a practice of cultural and linguistic competence. Equity, which is the elimination of privilege, oppression, disparities, and disadvantage, is one of the core values of family engagement. Equitable family engagement embraces diversity among children, youth, and families. Diversity includes, but is not limited to, different racial, ethnic, linguistic, cultural, religious backgrounds, gender identities, sexual orientations, family structures, and abilities, or special needs. Equity-focused organizations intentionally seek to recognize and create practices to dismantle institutional and structural racism and individuals' implicit and explicit biases. Organizations need to make a clear and unequivocal commitment to equity in every phase of family engagement - planning, implementation, and evaluation.

Organizations are encouraged to develop a two-generation (also called intergenerational,





multi-generational, or whole-family) approach to family engagement. A whole-family approach does not arrange services and opportunities for the child/youth and the adults in their lives into separate silos; instead it tends to the needs of and tracks outcomes for both children/youth and adults simultaneously. Two-generation approaches draw from research findings that the development and well-being of children/youth is reciprocally dependent on the well-being and successes of the adults in the family. The process of family engagement not only emphasizes building strong, positive, and effective relationships with families, but also highlights establishing connections with communities. A community is typically defined through the lens of a neighborhood, town, city or some other geographic space. However, family engagement suggests a broader definition of community to incorporate a feeling of fellowship with others, as a result of

common attitudes, interests, goals, and/or living space, which leads to collaboration through sharing of ideas, information and other resources. Community engagement is a crucial element related to family engagement and refers to the mutually respectful, strengths-based interactions between practitioners, families, community members, and organizations. These interactions help recognize common goals, align resources, and share data for continuous improvement and effective partnerships. These partnerships support family members' roles as valued community members. Community partners provide tangible child and youth development supports and resources that families and practitioners want and need. To understand how to build partnerships within a community to support families, organizations must first turn to families to understand how they define community.

¹Policy statement available at <https://www2.ed.gov/about/inits/ed/earlylearning/files/policy-statement-on-family-engagement.pdf>

²For the purpose of this framework, we define family in the broadest and most diverse way. The constellation of family structures include but is not limited to: 2 parent families, which includes 2 mothers or 2 fathers; single parent families; blended families; multi-generational families; grandparents raising grandchildren; gay, lesbian bisexual, and transgender families; extended families; siblings, adoptive families; foster families; emancipated youth; family by choice/felt families; kinship/neighbors.

³Adapted from https://childcareta.acf.hhs.gov/sites/default/files/public/family_engagement_and_cultural-perspectives-508_2-20-18.pdf



Why is it important to engage families?

Family engagement is crucial for healthy growth of children and youth in all domains of health and development. Research indicates that:

- Quality family engagement can have a lasting effect on a child's social-emotional and physical health, school readiness, academic achievement, and later success in life (e.g. Smith, Robbins, Stagman, & Mahur, 2013; Van Voorhis, Maier, Epstein, & Lloyd, 2013; Henderson, & Mapp, 2003).
- The positive effects of family engagement last all the way through the K–12 years and beyond (e.g. El Nokali, Bachman, & Votruba-Drzal, 2010; Froiland, Peterson, & Davison, 2013; Jeynes, 2016).
 - Research focusing on students' paths from middle school to high school has found positive associations between engagement at home and student GPA (e.g. Wang, Hill, & Hofkens, 2014).
 - Engagement at home is an indicator of grades and days missed at school for African American High School students. Students with more engaged parents have higher academic achievement and miss fewer days of school (e.g. Hayes, 2012).
- Family engagement improves child-teacher relationships (Dearing, Kreider, & Weiss, 2008) and helps smooth child and family transitions to kindergarten (Smythe-Leistico et al., 2012). Family engagement is also associated with positive outcomes at higher grades, such as higher graduation rates (Michaels & Ferrara 2005).
- Family support plays a pivotal role in supporting the development of youth with disabilities during their transition years (Peterson, 2004).
- Family engagement is associated with reduction in the number of children entering the child welfare system (Marts, Lee, McRoy, & McCroskey, 2008).
- Greater rates of mother and father attendance in Cognitive-Behavior therapy sessions, as well as higher ratings of mother and father engagement in these sessions, are associated with improved child outcomes. (Podell & Kendall, 2011).

- Fathers' positive interactions measured by their levels of engagement and accessibility can moderate the effect of the school-based system of care intervention on the mental health outcomes of children with serious emotional disturbances (Bernard, Whitson, & Kaufman, 2015).
- Meaningful family engagement in health care is associated with improvements in patient safety and quality, better patient experiences and satisfaction, increased health professional satisfaction and retention, better health outcomes, and lower health care costs (Carman, Dardess, Maurer, Workman, Ganachari, & Pathak-Sen, 2014).

In addition to child and youth outcomes, research also indicates that families, who are active and respected participants in child learning and educational settings, can help practitioners see new ways to build safe, welcoming, and trusting environments (Reedy & McGrath, 2010; Powell, Son, File, & San Juan, 2010). Finally, access to information about their children's learning and development affects parents' self-efficacy, confidence, and skills (Green, Walker, Hoover-Dempsey, & Sandler, 2007; Hoover-Dempsey, Walker, & Sandler, 2005).



STRENGTHENING PARTNERSHIPS: A FRAMEWORK FOR PRENATAL THROUGH YOUNG ADULTHOOD FAMILY ENGAGEMENT IN MASSACHUSETTS

In September 2017, the Commonwealth of Massachusetts engaged in a technical assistance opportunity through the Council of Chief State School Officers (CCSSO), with support and guidance from the National Association for Family, School and Community Engagement (NAFSCE), the Policy Equity Group, and the Mid-Atlantic Equity Consortium. The goal of this opportunity was to collaboratively build a prenatal through young adulthood family engagement framework to promote alignment and coordination of family engagement effort across the health, human services and education sectors. Massachusetts formed a state and regional coalition, led by the Department of Elementary and Secondary Education, in partnership with the Department of Early Education and Care and the Department of Public Health, that included representation from families, practitioners (e.g., health, libraries, museums, early education and care programs, home visitors, human services, school and district administrators, public health, higher education faculty, and cultural, faith-based, and other community-based organizations) as well as staff from 11 state agencies representing the education and health and human services secretariats. The more

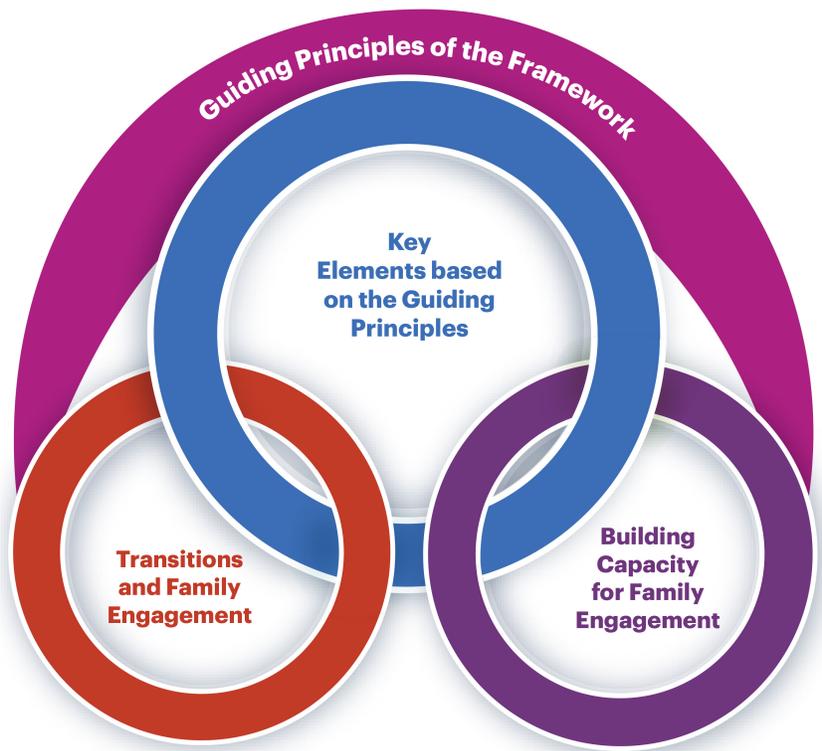
than 500-member coalition worked for a period of over 2 years through regional and state meetings to develop a roadmap to family engagement, which builds on existing family engagement frameworks, integrates principles of equity and cultural responsiveness, and provides an aligned approach to engaging with families.

The process began with a review of existing frameworks in Massachusetts, including the [Maternal and Child Health Bureau's Family Engagement Framework, Strengthening Families, Head Start Parent, Family and Community Engagement Framework](#), and the [Family, School and Community Partnership Fundamentals](#). Additionally, the coalition called upon the work of Dr. Karen Mapp and the Dual Capacity-Building Framework for School-Family Partnerships (Mapp & Kuttner, 2013) to inform this effort. The Dual Capacity-Building Framework provides organizations and communities a roadmap for creating family engagement policy, program and practices that builds the capacity of both families and practitioners around meaningful partnerships that contribute to child/youth success.

The result of the two years of work with both the regional and state coalition is a document titled **"Strengthening Partnerships: A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts"**. The primary audience for this document is practitioners working with families within organizations at the state and local level across the health, human services and education sectors. Also, the document is intended to be a resource for families, policy makers, and other interested stakeholders. The primary purpose of the document is to provide a theoretical framework for family engagement concepts; implementation of those concepts follows as organizations reflect on the mindset shifts contained in this document and next steps to move forward in this work.



Exhibit A: Design of the Framework



Framework Design

Strengthening Partnerships: A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts is divided into multiple sections (See Exhibit A). First, the principles that guide our understanding of family engagement are presented. The discussion of the principles is followed by the four elements that provide the backbone for this Framework. These elements translate the concepts outlined in the Guiding Principles into practice. The next section focuses on the various transitions that families experience and seeks to guide practitioners, using the family engagement elements, as they assist families to navigate those transitions. The last section focuses on strengthening the family engagement capacity of the organization as a whole through staffing, resource development, professional development and evaluation. The concept of equity described above is interwoven through the principles, elements, and capacity strengthening sections of the Framework.



GUIDING PRINCIPLES

Five Guiding Principles form the basis of this Framework. These principles provide a foundation for creating, within systems and organizations, a culture that values and thrives on family engagement. Schools and community organizations play a crucial role in establishing and strengthening shared connections with families. An intentional adoption and implementation of these principles across health, human services, and education systems and organizations is critical to the implementation of this Framework and the strengthening of family engagement practices that lead to better outcomes for children, youth and their families.

Below are the five Guiding Principles of the Framework, followed by suggested actions exemplifying each principle.

“ **High quality family, school, and community engagement is critical to educational and health equity as well as overall success for children and youth. It is only through authentic and meaningful partnerships and mutual support that our children, youth and families can access the resources they need to achieve academic, social, and economic success.** ”

-A PRACTITIONER-

Guiding Principle 1

Each family is unique and all families represent diverse structures. Family engagement includes genuine efforts to understand each family’s beliefs, values, priorities, goals and aspirations. Families and practitioners make joint decisions and share responsibility in a successful partnership.

This principle encourages fundamental practices that include but are not limited to:

- Recognizing and respecting the uniqueness of each family;
- Keeping families’ and youth voices and perspectives at the center; and
- Planning and implementing activities with families and youth and not for families and youth.

Guiding Principle 2

Diversity is expressed and experienced at multiple levels such as (but not limited to) race, religion, ethnicity, culture, language, family structures, ability, sexual orientation, socio-economic status, and educational level. **Acknowledging and accepting the need to engage all families is essential for successful engagement of diverse families and includes recognizing the strengths that come from their diverse backgrounds.**

This principle encourages fundamental practices that include but are not limited to:

- Recognizing and respecting the individuality of each family including the strengths it possesses, needs it has, and barriers it faces;
- Acknowledging the diversity within and across families within an organization, health care setting, school and/or community; and
- Approaching diversity from a strengths-based perspective.



Guiding Principle 3

Building a respectful, trusting, and reciprocal relationship is a shared responsibility of families, practitioners, organizations, and systems. This positive relationship has the individual family's strengths and assets at its center.

This principle encourages fundamental practices that include but are not limited to:

- Embracing the philosophy that building positive, goal-oriented relationships is a two way process between everyone involved;
- Recognizing and respecting diversity within and across families, striving to establish a positive relationship with all families; and
- Acknowledging that for some families, due to prior experiences, trust may need to be rebuilt and dedicating the time needed to re-establish that trusting relationship.

Guiding Principle 4

Families are their child's first and best advocate.

This premier role puts families in a unique position to nurture their children's growth and development and to help practitioners become knowledgeable about their child.

This principle encourages fundamental practices that include but are not limited to:

- Recognizing families as the best champions of their child's success in all domains of health and development;
- Honoring and drawing on families' wealth of knowledge, experience, and expertise; and
- Engaging families in all decisions made with regards to their child.

Guiding Principle 5

Equity is the eradication of privilege, oppression, disparities, and disadvantage. **Family engagement must be equitable.** Equitable family engagement comprises intentional and meaningful engagement activities and systems for all families or groups of families irrespective of families' level of or approach to engagement. Providing equity-based opportunities for family engagement can help family members become effective advocates for their children.

This principle encourages fundamental practices that include but are not limited to:

- Reflecting on and addressing inequities as well as implicit and explicit bias within individuals and organizations, policies and systems when engaging with families;
- Integrating cultural and linguistic responsive practices, including but not limited to translation, interpretation and partnership with cultural brokers;
- Valuing opportunities to engage with all families to learn more about them, their experiences, culture, and goals; and
- Recognizing the need to build and rebuild trust with families who experience inequities and bias.



ELEMENTS OF THE FRAMEWORK

In the following section, the four elements that provide a foundation for this Framework are provided. Each element builds on the previous element; for instance, practitioners are better positioned to support family well-being (Element 2) after they have established a solid, positive relationship with families that is based on mutual respect and trust (Element 1). Similarly, practitioners are more likely to be successful in connecting families with community resources that support their well-being (Element 2) and support them in assisting their child to achieve developmental, learning, and health-related goals (Element 4) when families have been provided a range of opportunities that meet their engagement needs (Element 3). Underlying all of these elements is the understanding that the family plays the most pivotal role in this partnership and decides the trajectory of the relationship. Practitioners need to meet families wherever they are and focus on their individual needs and expectations. Additionally, recognizing diversity (e.g., cultural diversity, multilingualism, diversity in family structures) as assets help to foster positive and healthy partnerships with families.

For each element, a short description is presented, followed by a set of specific goals into which the element translates. For each goal, examples of potential practices are provided. These potential practices provide just a few examples and should not be considered an exhaustive list. Practitioners should note that each of these practices should be read with the sentence starter “In partnership with families and responsive to their stated needs and preferences...” Further, for each element, the term **child** refers to children as well as youth.



Building Positive Relationships (BPR)

“ When I know the staff know me and my children by name, I feel welcomed. Just [a] simple ‘good morning! How are you doing?’ is enough.”

-A FAMILY MEMBER-

The primary and fundamental element of family engagement is to build strong, positive, and effective relationships with families⁴ that can help children and families thrive. **Mutual trust** and respect lie at the core of these relationships. This trust and partnership is not only the foundation for all other elements of this Framework, but is also essential for their successful implementation. Strong relationships focus on families’ strengths and work toward a joint goal of achieving child and family well-being and success.⁵

Building relationships is a dynamic and ongoing process to which children, families, and practitioners contribute in equal parts. Healthy relationships between children, families, and practitioners develop through a series of **authentic interactions** over time that are meaningful to everyone involved. Through open, on-going, and **reciprocal communication** and an intentional emphasis on families’ strengths, interests, passions, and needs, practitioners and families are involved in a continuous process of relationship building.

Strong positive relationships with families not only pave the way for successful family engagement, but also nurture effective relationships within families, which in turn helps achieve development, learning, health, and well-being goals for children.

⁴The use of word family throughout this document denotes diverse families, with diversity defined in the introductory chapter of the document.

⁵Terms that are **blue** and underlined are defined in the glossary at the end of the document



BPR GOAL 1**Intentionally build and sustain relationships with all families**

- Promote environments that are welcoming, inclusive, and safe.
- Honor families as the foremost advocate of their child's success.
- Recognize and acknowledge each family's strengths.
- Engage with families to understand their values, goals, and experiences.
- Be aware of one's own biases, judgments, and negative assumptions. Adopt a strengths-based attitude to guide your actions
- Partner with families to identify individual and family goals and inform decisions.
- Identify families' interests and passions as a foundation for developing partnerships with them.
- Engage family voice in order to recognize and respect the uniqueness of each family.
- Engage all families, including those with non-traditional structures, by hosting activities and providing meaningful incentives to encourage participation.
- Provide practitioners and families opportunities to discuss individual and family differences.
- Provide opportunities to foster multi-generational relationships with families.

BPR GOAL 2**Build reciprocal and balanced communication with families**

- Conduct a needs assessment with families, asking about their preferred ways of communication and how/where they go to access information.
- Using results of the needs assessment, create multiple channels of two-way communication for families and practitioners to share information, express concerns/ needs, and provide feedback (e.g., blogs, social media, and face to face opportunities in various community locations).
- To initiate communication with families, invite families to share their perspectives/insights on their child's development, learning, health, and well-being.
- Offer information, resources, and supports in a language and through a communication channel that fits the family's preference.
- Regularly assess whether communication strategies are effective.

BPR GOAL 3**Collaborate with families to create and/or promote connections among families**

- Identify and strengthen existing partnerships among families and use these as a foundation for building new connections.
- Create **interactive opportunities** for groups and events with a specific focus identified by families.
- Understand where families already gather in their community and bring resources, supports, programs, and practitioners to them at these locations.
- Support interactive family education and learning opportunities in an intentional and ongoing way.
- Provide space to build and facilitate informal relationships among families.
- Provide ongoing support for new families by offering resources and connecting them with other families.
- Compensate family members in ways that are meaningful to them (e.g. money, resources, or services) for their role in designing and implementing opportunities for families to connect with one another and to share information.
- Fund a peer-to-peer program that provides a continuum of opportunities/roles for families to engage as coaches, ambassadors, etc.





Promoting Family Well-Being (PFWB)

“ I worked with a parent who had a goal of securing employment, but he kept encountering a problem because he did not have his GED. We worked with this parent to obtain his GED (a free program) and he not only passed his test but was hired by our agency as a custodian. I was just so happy for him, but he was over the moon! He said for the first time ever, he felt that he had accomplished a personal goal.

-A PRACTITIONER-

Family well-being, which comprises safety, health, and financial security, is an important outcome for families. Well-being includes, but is not limited to, having access to opportunities for educational advancement and economic mobility, physical and mental health services, housing and food assistance, and other family support services. Strong and secure families lead to healthy and thriving children, who are ready for a lifetime of learning. Community engagement, an essential component of the Framework, allows practitioners to assist families in achieving their well-being goals. The collaboration between practitioners, children, youth, families, and community agencies helps build positive relationships. These relationships support families' progress toward their goals for themselves and their children. Community partners provide culturally and **linguistically responsive services** and helpful resources. Partners are available to work with families and other practitioners on such goals as family members' health, mental health, educational advancement, economic mobility, and other aspects of family well-being identified by the family. Community engagement can produce long-term benefits in the lives of children, youth, and family members by giving them a sense of belonging and it plays a pivotal role in building their identity.

PFWB GOAL 1

Employ multiple strategies to connect families with resources to enhance family well-being

- Ask families to define their community. Map out resources related to family well-being within their defined community.
- Understand where families already gather in their community and bring resources, supports, programs, and practitioners to them at these locations.
- Support families and practitioners to partner to identify and access needed supports and services.
- Ask families often about their insight/knowledge/resources that they want to share and incorporate this information when developing resources and opportunities.
- Design and implement a variety of community engagement opportunities responsive to families' individual needs on topics such as health care, insurance, housing, career awareness/exploration, adult basic education, etc.
- Engage with families to develop culturally and linguistically inclusive marketing materials about community resources and services.
- Connect families with existing community resources and supports using varied outreach modalities (responsive to their expressed preferences for receiving information); maintain current data on available community resources.
- Design a centralized place (or leverage an existing place) for families within the community to provide information and access to resources.
- Follow-up with families after referrals/resources are provided to ensure that that resources met their needs.



PFWB GOAL 2

Engage community members/agencies/organizations in ways meaningful to the families

- Build relationships with community partners to facilitate appropriate referrals for family well-being goals.
- Create and/or build upon opportunities to engage the community (e.g., business, libraries, town administration) to provide different civic, career, vocational, education and higher education, paid internships and volunteer opportunities for families.
- Utilize tools/processes for understanding how families define community engagement.
- Collaborate with community organizations, including libraries, to address a variety of other areas of well-being such as (but not limited to): safe and adequate housing, safety of neighborhood and community, personal safety, overall health and health care, literacy development, mental health, and food security.
- Ensure that community and family partners regularly share their personal and **professional pathways** to achieve job and career goals (e.g., speaker series, financial literacy, accessing higher education opportunities, career advancement, including resume development).

PFWB GOAL 3

Identify and address barriers families experience in accessing community organizations and services

- Design and implement opportunities to regularly listen to the voices of families (e.g., listening tours, coffee hours, and online social media) to engage families in proactive problem solving around community engagement.
- Engage families to identify barriers to accessing community organizations and services and to innovate creative ways to overcome them (e.g. hire diverse speakers of primary languages spoken in the community; navigate with families as they seek to meet basic needs; ensure that family engagement staff reflect cultural diversity).





Promoting Pathways for Partnerships with Families (PPPF)

“ Each spring, I begin to inventory the needs of my son – strengths, interests, learning styles, communication ability, challenges, and current state of his medical needs. I utilize this as a way to engage with professionals/partners in his life. It’s a way to show him as a real person, as a child beyond the labels and often times allows for more meaningful work, and opportunities to make progress, when some of the things he can’t share are addressed in this way. ”

-A FAMILY MEMBER -

Promoting opportunities for establishing, maintaining, and enhancing partnerships with families is a required element for successful implementation of family engagement within organizations. It is necessary for practitioners to recognize that there is a continuum of engagement that exists for families, and that each family has its unique place on this continuum. Through positive relationships established with a family, practitioners should meet each family where they are in their level of engagement, by providing a broad agency definition for engagement that is responsive to the level of engagement chosen by each family.

Providing multiple pathways for the engagement of families and equally valuing each pathway helps to build trusting relationships with them and creates opportunities for them to determine the level of engagement with which they are most comfortable. Engaging families in decision-making and sharing power implies practitioners’ recognition of families’ role as the prime advocate of their children. Listening openly to families’ concerns and seeking their perspectives, result in engagement of families that leads to determining solutions *with* families rather than *for* them.

PPPF GOAL 1

Partner with families in identifying and planning engagement activities

- Partner with families to identify topics and locations for family and community engagement opportunities (e.g. topics such as addressing housing and food stability; identifying health and mental health needs; promoting early literacy; supporting children’s social and emotional development; transitions to high school and adult life; information/resources on drugs, sexuality, and healthy living).
- Engage families early and often in the planning process to leverage continued engagement throughout the age continuum.
- With families, identify logistical supports for families to attend family and community engagement opportunities (e.g., transportation, food, space, child care, translation).



PPPF GOAL 2 Use family-driven approaches to create varied opportunities for engagement

- Create opportunities to build the capacity among families to support each other.
- Reduce **social isolation** and promote engagement by building connections with and among culturally and socioeconomically diverse families and community organizations.
- Support families in accessing resources and services in their community that meet their needs.
- Develop support and build connections for families in the context of the community (ies) they define for themselves.
- Create pathways for families to contribute to the development of services/resources and facilitate partnership opportunities.
- Design with families a peer-to-peer program that provides a continuum of opportunities/roles for families to engage as coaches or ambassadors.

PPPF GOAL 3 Provide opportunities for family contributions to the engagement process

- Practitioners respond to families' individual definitions of family engagement and provide a menu of related opportunities.
- Identify and create opportunities for families to educate practitioners about themselves, their cultures, values, goals and needs.
- Create varied opportunities for families to share their voice (e.g., include families on committees) and to participate in decision making (e.g. interviewing/ hiring of staff, developing shared plans of care).
- Offer creative ways to engage families in various community settings (e.g., review documents, committees, planning, boards, and professional development).
- Create opportunities and provide incentives for families to plan opportunities for and make decisions related to family and community engagement.
- Provide supports, such as stipends, reimbursement (e.g. travel costs, food and/or child care) so that families can engage in mentorship and other engagement opportunities.
- Provide opportunities for families to engage in home visits.

PPPF GOAL 4 Provide opportunities for family mentorship and voice

- Support families in building their mentorship skills, by increasing access and reducing barriers and providing civic and community engagement opportunities.
- Support families to build and practice their mentorship skills and design mentoring opportunities.
- Create incentives for families to facilitate the mentorship program and/or to participate in peer-to-peer/mentorship opportunities.



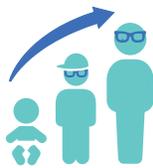
PPPF GOAL 5 Share power and decision making

- Create a culture of decision-making and meeting facilitation that intentionally seeks to encourage interaction and input from diverse families.
- Include the voice of families in decision-making and in identifying and articulating values of a program and/or organization.
- Jointly identify outcomes (e.g., of a program, organization, etc.) and develop an **action plan** towards those outcomes.
- Work together with families to identify, reflect on, and evaluate **promising practices** for family engagement.
- Partner with families in the development of job descriptions as well as in the interviewing and hiring process, to ensure that practitioners reflect the make-up of community and families served.
- Ensure that individual family voices inform the professional development of practitioners to foster an appreciation for cultural values of families.
- Provide families with opportunities to strengthen their leadership skills to effect change. Offer skill building supports and opportunities for families and practitioners to engage in shared decision making.

PPPF GOAL 6 Support families' civic engagement efforts

- Engage with families to enhance their understanding of local, state and national education, health and human services systems and processes for accessing services.
- Provide support and opportunities for civic engagement on topics important to families.





Supporting Child and Youth Development, Learning, Health, and Well-being (DLHW)

“ Working with families experiencing homelessness (or the impending threat of homelessness) presents so many more challenges. In order to meet their most urgent concern, we must be able to respond with concrete supports. No family can work on supporting their child's well-being when their basic needs aren't being met. ”

A primary goal of family engagement is building relationships with families that support the ongoing learning, development, health, and well-being of children and youth. Once practitioners have built trusting relationships with families, they are positioned to partner with families around their children's/youths' learning, development, health, and well-being. Practitioners can support families in their relationships with their children by talking with them about their child's development, learning, health, and well-being. The two-way sharing of information about their child opens doors for both families and practitioners to more effectively engage with children. Welcoming families to join and observe their child in classrooms, participate in home visits, and/or interact with health professionals, provides them an opportunity to become a part of their child's learning, development, health, and well-being beyond home. It gives family members a chance to enhance and practice their engagement and leadership skills as well. At the same time, engaging with families in this manner also enhances the knowledge/capacity of a practitioner to support a child's development. It is important to ensure that practitioners reflect on the accessibility (language, time, location, etc.) of these engagement opportunities to proactively create pathways for engagement that are responsive to the needs of families. Equally valuable is connecting families with other families and community resources to enhance learning, development, health, and well-being.

DLHW GOAL 1

Develop multi-pronged systems of information exchange among families, schools and community organizations to enhance child and youth development, learning, health and well-being

- Partner with families to create bridges between children's development and learning at home, school and in the community.
- Engage with families in their preferred languages and provide written information using translated materials.
- Create opportunities and pathways for families, schools, and community organizations, including libraries, to collaborate with each other to identify, share, and access supports and resources related to child development, learning, health, and well-being.
- Offer specific opportunities for individual families to meet with practitioners to address a particular need.
- Create group get-togethers for families who express a common need.



DLHW GOAL 2

Identify collaborative development and learning opportunities among families, schools and community organizations

- Determine what families identify as learning needs in order to support them in guiding their child's learning, development, health, and well-being, being inclusive of different learning styles and abilities of families.
- Value and incorporate family input and leadership in planning and implementing child development, learning, health, and well-being opportunities with practitioners.
- Engage families, leaders, educators, and community stakeholders to identify opportunities for the sharing of information related to various child development, learning, health, and well-being topics.
- Engage families and organizations to provide cross-sector training.
- Create opportunities to discuss with all families their child's strength to open communication with families.
- Enhance collaboration among organizations to ensure the optimal use of resources (e.g., translation, interpretation) to support child development, learning, health, and well-being opportunities.

DLHW GOAL 3

Engage families through peer-to-peer interactions.

- Keep families involved with and connected to their community to facilitate learning through interactions with peers.
- Use peer-to-peer mentoring as opportunities for families to exchange information and knowledge related to supporting their child's development, learning, health, and well-being.
- Support the relationships and interactions among families and between families and practitioners to share information about child development, learning, health, and well-being.
- Partner with families to engage other families in accessing services and supports related to child development, learning, health, and well-being.



TRANSITIONS AND FAMILY ENGAGEMENT

Changes in family circumstances, experiences, structures, and living arrangements are a normal part of life. Cowan (1991) defines life transitions as changes that “involve qualitative reorganizations of the self and the inner world, social roles, and close relationships.” Some transitions are developmental and predictable for a considerable number of families, whereas some other transitions are experienced by fewer families. Developmental transitions usually follow biological, psychological, or social norms, and are heavily influenced by culture; every culture defines its own transitions.

Transitions are vital opportunities for practitioners to engage families by offering leadership and advocacy opportunities. Practitioners can assist families to successfully navigate transitions by helping them to anticipate them and by jointly establishing transition plans. For the purpose of this framework, transitions are differentiated into four types: child, youth, and family development transitions, everyday transitions, systems transitions, and unanticipated transitions.

- **Child, Youth, and Family Development** transitions are those that arise as a result of changes in age and developmental stage of children and youth in the family, including the transition to young adulthood.
- **Everyday transitions**, as the name suggests, arise from the daily changes in situations and circumstances faced by family members.
- **Systems transitions** are those that arise within and across systems, when families have to navigate multiple systems such as health, education, and human services.
- In addition to the transitions experienced by a considerable number of families, this Framework also refers to **Unanticipated transitions**, which are transitions generally experienced by fewer families.

Exhibit B provides examples of the many and varied transitions that families experience. Although this Framework distinguishes between different types of transitions, it is essential for practitioners to recognize the intertwined nature of transitions – a transition in any sector of the system (health, human services, or education) and experienced by any one family member could affect the entire family and the family’s experience in the **entire** system.



Exhibit B: Different Types of Transitions

	Prenatal through early years	Elementary to middle childhood	Adolescence into young adulthood
Child and family developmental transitions	<ul style="list-style-type: none"> • Becoming pregnant • Becoming parents (adoptive, biological, foster, etc.) • Bringing home a baby or child (from NICU, hospital, foster home, adoptive care, etc.) • Understanding, accepting, and responding to diagnosis of a disability or special health need 	<ul style="list-style-type: none"> • Recognizing health issues, obesity, alcohol and substance use; • Transition from home and school into any treatment (e.g. substance abuse) and back into home and school. 	<ul style="list-style-type: none"> • Transitioning out of education system and into post-secondary education, training, and employment system • Aging out of foster care system • Aging out of special education services using individualized secondary transition planning and services. • Moving from dependence to independence/personal responsibility (e.g. starting to drive, moving into housing) • Addressing exposure to alcohol, substance use, obesity, and other health issues
	Recognizing and providing for physical needs		
	E.g. gross motor, fine motor, vision, hearing, use of medical devices, etc.	E.g. puberty related changes, personal hygiene	E.g. sexual health and sexual identity, self-care and self-management of one's health and related needs
	Recognizing and providing for social-emotional needs		
	E.g. importance of attachment, adult mental health, relationships, early social skill building, play, and identifying emotions	E.g. developing self-knowledge, self-management, social knowledge, relationship skills, and responsible decision making	E.g. mental health concerns like anxiety and depression, teen parenting, STDS, dating/relationships, gender expectations, cyber bullying; self-image and child identity development
Recognizing and providing for cognitive needs			
E.g. language development, reading to children, pre-literacy, playing with numbers and structures (STEM), opportunities for creativity, pre-numeracy	E.g. supporting the development of ability to engage in complex and abstract thinking, reasoning, decision making, and problem solving; supporting the child's capacities to regulate and coordinate their own thinking	E.g. supporting the adolescents' use of complex thinking to focus on less self-centered concepts and personal decision-making; supporting adolescents' emerging capacity to focus thinking on their emerging role in adult society	
Everyday transitions	<ul style="list-style-type: none"> • Interacting with the child and family as a health/education/human services practitioner in the course of a day/week/month • Daily requirement of medical help/services • Daily transitions (e.g. into class, to lunch, to recess, to nap, to class, in an educational setting, to a job after-school) • Moving from small educational setting to a larger setting • Transitions in expectations related to homework, behavior, use of technology • Transitions in language between environments (e.g. speaking in primary language and speaking in English) • Increasing academic pressure 		
Systems transitions	<ul style="list-style-type: none"> • Navigating multiple health-related settings daily (e.g. primary care, specialists, early intervention, therapists, care coordinators etc.) • Transitioning from prenatal care to infant care to pediatric care to adult health care • Transitioning from elementary education to middle school to high school to post-secondary opportunities • Navigating multiple educational settings daily (e.g. early education and care, preschool, school, after-care etc.) • Transitions in health care coverage • Navigating changes in nutrition guidelines • Transitioning children with complex medical needs or mental health into school and/or community settings • Transitioning from early intervention into special education 		
Unanticipated transitions	<ul style="list-style-type: none"> • Transitions in family structures (divorce, custody changes, dropping out of school, illness/death of a family member; military family; adoptive family; foster care family; custodial grandparent, etc.) • Transitions in housing arrangements (e.g. homelessness, constant moving, loss of home in fire, immigration and seasonal transition) • Transitions in financial stability of the family (e.g., loss of a job, food instability, multiple jobs, etc.) • Transition in discipline systems (e.g., suspension and expulsion practices) 		



Following the examples of various transitions, Exhibit C includes suggestions for practices that organizations can put in place to help families strengthen their capacity to navigate them. The Exhibit also indicates the Framework Elements associated with each transition practice, through the use of icons introduced in the previous section of this document.

A number of practices help families, youth, and children anticipate and navigate specific transitions in the education, health and human services sector. However, there are some practices highlighted within the elements of the Framework that can be applied more generally to transitions, regardless of the sector of the system in which they happen. These practices include but are not limited to:

- Include family and youth voice in identifying effective practices for navigating transitions;
- Support families in spaces and places where they already meet in order to provide information about transitions;
- Use multiple modes of sharing information, including social media, based on family preference;
- Provide information and resources about transitions in languages spoken by families served; and
- Collaborate with schools, families, health care, and community organizations to assist in anticipating and navigating transitions.

Organizations are encouraged, with families, to reflect on their overall transition practices, as well as those that are related to the specific sector associated with the organization (e.g., education, health or human services).

Exhibit C: Examples of Transition Practices

Health Related Transition Practices	
Engage health care providers in helping to share information with families on child development, anticipated and unanticipated life transitions, and other health issues.	
Offer opportunities to share information (e.g. pre-birth education, parent education, parent group, peer group workshops) on general child development or specific topics such as post-partum issues, nutrition, children’s health, developmental milestones and anticipatory guidance and transition to young adulthood.	
Offer visits by a home visitor/family engagement coordinator/social worker/nurse.	
Provide education around eligibility for health services (e.g., MassHealth, Supplemental Nutrition Assistance Program/SNAP, Women, Infants and Children/WIC) and identify a point person for care coordination who can work across the community and across systems.	
Engage pediatricians, obstetricians, and other medical professionals in community outreach efforts.	
Build relationships with community health partners such as Early Intervention, local schools, and/or adult health care providers.	
Invest in training and professional development of school nurses.	
Provide community services such as a health clinic, food pantry, dental clinics and vision services within schools.	
Provide safe/supportive opportunities for families to grapple with diagnosis of a disability/special health need, establishing grieving support group.	
Provide safe/supportive opportunities for families to mourn the death of their child, establishing grieving support group.	
Ensure dissemination of sexual health education among children and youth.	
Create media campaigns to reinforce positive, health messages.	
Educate families about youth’s rights related to health and mental health services and how to navigate the mental health system.	
Educate families about transition from pediatric to adult health care.	
Conduct early high quality assessments of children.	
Create resources for families to share with youth, including how to choose a PCP.	
Provide training around screening to identify youth at risk for substance use.	
Offer family training around guardianship and its role in child’s health.	



Human Services Related Transition Practices	
Conduct mapping activities in order to understand the existing supports, services and systems and use that information to help create wrap around services for families.	
Ensure that the family knows all the organizations/practitioners in their defined community and facilitate opportunities for them to build relationships with families to help them to feel welcome.	
Create one intake system that is centralized for family supports.	
Provide education around eligibility for human services (e.g., housing, food security supports, and fuel assistance) and identify a point person for service coordination who can work across the community and across systems.	
Link services offered by local health/hospitals, pediatrician offices, mental health, human service agencies for early detection and intervention.	
Connect with faith-based organizations, housing authorities, recreation departments, early childhood programs, WIC, disability commission and such other community programs for organized and systematic dissemination of information and resources.	
Create disaster relief action plan to help communities and families prepare.	
Provide services such as access to mental health services through human service agencies, including but not limited to domestic violence center.	
Connect families with community organizations such as the United Way and the resources that these agencies offer.	
Provide resources, such as transportation, to assist families in being able to access family engagement opportunities.	
Create family support programs/youth support groups focusing on coaching and skills development.	
Develop youth centers so that youth have places to go for after-school, mentoring, training, etc.	
Facilitate collaboration between local hospitals, police departments, and other organizations addressing substance use.	
Offer trauma training for mental health practitioners in schools and through other community organizations.	



Education-related Transition Practices:	
Encourage practices such as school open houses, home-school visits, PTA/PTO, collaborative meetings between child care, social services and families, orientations for move up/step up programs, administrator visits to feeder schools, principal meetings with each student (freshman) and families.	
With guidance from families, add cultural pieces to curriculum (content and specials).	
Help children/youth identify trusted adult in varied settings.	
Strategize with families to address school avoidance and dropping out.	 
Encourage transition supports, such as using a transition form, to share information between families, schools and community based programs and establish connections between staff in different programs, and transition map guides for families.	
Provide for transportation needs between educational settings.	
Establish collaborative opportunities between schools, early education and care programs, other community organizations and families to support the transition into kindergarten.	
Plan for and ensure warm hand-offs between educational settings.	 
Initiate buddy programs to help families learn technology.	
Establish spaces intentionally designed for families in elementary, middle, and high schools.	
Communicate with families about federal, state, and local education policies.	
Encourage cross grade mentoring to help prepare for transitions.	
Create work study programs to test drive careers; providing youth with internships.	 
Educate families on high school schedules, course selections and the implications on post-secondary options.	
Educate children/youth on navigating peer pressure, bullying/harassment, student power dynamics/ clicks, social media.	
Provide step up days/programs such as 1st Generation College and 100 Males to College to build partnerships between high schools and colleges.	
Offer families resources such as educational workshops, support groups, and screenings, related to development, learning, health, and well-being.	
Help practitioners understand child development, learning, health, and well-being and its connection to creating safe and supportive learning environments, including instructional practices, while incorporating cultural values.	
Provide training for practitioners, district and school administrators, educators, and families on suspensions, expulsions, and alternatives to discipline.	



STRENGTHENING CAPACITY FOR FAMILY ENGAGEMENT

Strengthening capacity around family engagement goes beyond providing practitioners with resources and increasing their expertise to engage families in a meaningful way, to changing mindsets and creating an organizational culture of family engagement. It involves a cultural shift from understanding family engagement as random acts of parent involvement to an intentional, ongoing, and consistent process of engaging each and every member of the family. Strengthening capacity starts with the organization's emphasis on family engagement as a fundamental priority and builds on the involvement and support of every member within the organization in family engagement activities and endeavors. Creating a culture of family engagement within an organization includes:



- Staff and leadership learning from one another about effective family engagement practices and adopting shared practices to strengthen agency-wide capacity;
- Recognizing family strengths to engagement while simultaneously identifying and working to eliminate barriers;
- Supporting staff to be involved in intentional collaboration with community groups/ organizations and families they serve to determine the best pathways for family engagement;
- Organizations intentionally seeking to recognize and create practices to dismantle institutional and structural racism, individual bias as well as implicit and explicit bias;
- Practitioners embracing opportunities to create balanced relationships with families that include shared responsibility; and
- Families and youth having a voice in defining and designing family and youth engagement opportunities.

Building on this foundation of family engagement culture, an organization can then use the following strategies to inform its systemic plan for family engagement, which includes increasing the capacity of its practitioners to implement engagement activities while also increasing the skills and capacity of families. Although by no means exhaustive, the list shown in Exhibit D is a starting point for organizations to reflect on their current family engagement practices and to identify where strengths and gaps in practice exist. While practices for each of the four capacity strengthening areas are presented individually, they are interdependent in both practice and impact. More specific self-assessment rubrics will be developed as part of the implementation plan.





Staffing Strategies

To create an organizational culture and climate that is supportive of family engagement, it is necessary to reflect on the skills and capacity of all staff to engage with families, across all roles and levels of responsibility, from front line staff through organizational leadership. Having staff whose jobs are focused on family engagement can be a great asset to strengthening partnerships with families, but it is essential that organizations focus on the capacity of all staff within an organization to ensure that families feel supported and valued in all of their interactions and engagement opportunities.

- ✓ The leadership team supports family members as they develop skills as advocates and leaders.
- ✓ The leadership team ensures that staff reflect the diversity of families they serve.
- ✓ The leadership team prioritizes hiring staff who are bi-lingual and bi-cultural in order to reduce language and cultural barriers for families in accessing family engagement opportunities.
- ✓ The leadership team acknowledges that having all staff embrace family engagement and build relationships with families is critical.
- ✓ Every level of staff supports family engagement (examples of positions could include but are not limited to: paraprofessionals, custodians, bus drivers, home visitors, health care practitioners, librarians, shelter staff).
- ✓ Staff and leaders link families to community opportunities for peer networking, volunteer activities, internships and other experiences that expand their personal and professional interests.
- ✓ There is dedicated family engagement staff to ensure implementation of effective family engagement strategies through staff training, needs assessments, resource identification, etc. Also, there is dedicated family engagement staff to partner with families, identify needed services, and provide supports for families.
- ✓ In collaboration with families, staff, and leaders identify opportunities for families to support their children's development, learning, health, and well-being.
- ✓ All staff have time and make efforts to engage with families.
- ✓ All staff recognize that open communication and positive relationships are the foundation of effective family engagement.
- ✓ All staff have training opportunities, and the time to engage in training, on the topic of family engagement.
- ✓ All staff have time for reflection as they work toward individual and organizational family engagement goals.
- ✓ All staff have access to resources to support their ongoing family engagement efforts.
- ✓ All staff are trained and have tools to be responsive to family needs such as databases of community resources, child development knowledge, and information about families themselves.
- ✓ All staff create effective and intentional opportunities to support families as their child's foremost expert and champion of their child's development, learning, health, and well-being.
- ✓ All staff have access to resources to collaborate with other agencies such as Early Intervention, Head Start, WIC, Community Health Centers, Title V Maternal & Child Health libraries, museums, schools, institutions of higher education and local shelters to support families.
- ✓ Families are part of collaborative decision making along with staff and leadership team.



Training and Professional Development Strategies



Training and professional development of practitioners and families is an important means by which organizations can strengthen the competencies of families and practitioners to build meaningful, balanced partnerships. The Dual Capacity Framework for Family Engagement (Mapp & Kuttner, 2013) includes the importance of building the capabilities, connections, confidence, and cognition of families and practitioners related to engagement. In addition, the Association for Maternal and Child Health Programs (AMCHP) states “leaders can be developed by enhancing one’s natural ability with learned skill development—through formal and informal learning opportunities, experience, dialogue, role modeling, feedback, mentoring, coaching, and more.” Offering a 2-hour training without coaching or

follow-up reflection opportunities is not as effective in strengthening competencies and changing practices as when these added supports are included as part of a comprehensive training and professional development plan (Artman-Meeker, Fettig, Barton, Penny, & Zeng, 2015).

- ✓ A variety of potential family engagement topics are covered as a part of professional development (pre-service or in-service) and/or on-going trainings including (but not limited to):
 - Developing 1:1 relationships with families and (re)building trust;
 - Incorporating family engagement strategies into everyday practice;
 - Working with families from other cultures, languages and belief systems;
 - Dismantling systemic and individual racism and implicit bias;
 - Active listening;
 - Building agency of families to ensure that they have an active voice in family engagement initiatives;
 - Building relationships with families through practices such as home visits;
 - Engaging fathers;
 - Child and youth development issues and talking to families about those issues;
 - Applying Universal Design Principles to the design of effective family engagement practices;
 - Promoting youth voice and engagement in transitional topics (e.g., post-secondary life, health care).
 - Information about existing community resources and supports.

- ✓ Professional development is paired with opportunities to practice the skills being taught and includes coaching.

- ✓ Professional development in the form of communities of practice is offered to the staff on an ongoing basis.

- ✓ Professional development opportunities for staff and leadership are offered on how to build buy-in, prioritize and support professionalism around family engagement and relationship building.

- ✓ Professional development opportunities are planned collaboratively and are open to a wider audience (health, human services and education) than just an organization’s staff.

- ✓ Following professional development and trainings, there are regular feedback, coaching, and mentoring opportunities to promote incorporation and reflection of family engagement strategies into everyday work.

- ✓ Along with staff and leadership, families also receive training and support that build their skills and competencies to engage around their children’s development, learning, health, and well-being.





Resource Development Strategies

Access to resources is an important component in strengthening the competencies of families and practitioners. Authentically engaging with families by having their voice represented in planning and implementation is an important element to family engagement work, including the development of resources. While some resources have a financial cost associated with them, not all do. Understanding and leveraging resources that are currently available (e.g. online, in community) is an important strategy to support effective resource development and use. Additionally, in partnership with families, taking the time to build relationships with other community organizations ensures that practitioners are equipped to connect families with resources based on their needs and what is available.

- ✓ Staff and leadership create a welcoming environment for all families; a space that supports positive interactions and building of strong relationships.
- ✓ Staff and leadership create a community map to help recognize and aggregate all community resources (professionals, organizations, services) available to families.
- ✓ Staff and leadership make intentional efforts to understand barriers or challenges families face while accessing engagement or leadership opportunities and to collaboratively identify solutions.
- ✓ Staff are provided with the tools they need to be successful at engaging families (e.g., phones, iPads, space).
- ✓ Staff normalize interpretation and translation supports and ensure that all they are available in multiple languages and reflect families' varied cultures.
- ✓ There are resources to make practitioners available off hours to engage with families.
- ✓ The organization partners with families, schools, health care providers, and community agencies to identify families' preferred modes of communication and develop a plan for outreach.
- ✓ Families are offered opportunities to participate and engage in leadership activities such as policy councils.
- ✓ Families are provided with support to engage, including but not limited to: transportation, stipends, child care, and translation services.

“ I work for an organization that prioritizes the importance of building relationships between staff and families. The knowledge, skills and strategies I gained from family engagement resources, including training, help me feel more confident and competent in my capacity to engage with families and to work with them in partnership. ”

-A PRACTITIONER-





Evaluation Strategies

Evaluation is an important component to better understanding the impact that family engagement opportunities have on children, youth, families and practitioners. Evaluation should include qualitative and quantitative data collection methods that reflect both the number of opportunities provided and participants served as well as the impact that these opportunities have on outcomes for the intended audience. Evaluation should be planned prior to implementation of family engagement opportunities and should start with a reflection on what the goal(s) of the opportunity is, followed by a plan for how the organization will document whether the goal(s) was met. A reflection on how the evaluation data will be used should be considered when determining the plan for evaluating opportunities.

- ✓ Leadership team encourages staff to be involved in process of continuous quality improvement through use of resources such as learning communities and data dashboards.
- ✓ Staff and leadership commit to evaluating their family engagement practices.
- ✓ Staff and leadership identify a clear vision for family engagement with measurable goals that they use to guide evaluation practices.
- ✓ Staff engage in collecting family level data using multiple sources.
- ✓ Staff and leadership use data to track family and organizational progress.
- ✓ Staff and leadership make comparable efforts to collect effort (process) and effect (outcome) data.
- ✓ Staff and leadership make comparable efforts to collect qualitative and quantitative data.
- ✓ Staff and leadership engage families at all levels of input and evaluation.



In conclusion, the guiding principles of family engagement and the four elements that translate the principles into practice presented in *A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts* reflect a shift in mindset from parent involvement (something we do to families) to family engagement (something we do in partnership with families). These family engagement principles and elements provide practitioners with a strong theoretical foundation for their work with families. The transitions section of this family engagement roadmap assists practitioners in applying research-based principles while supporting families in successfully navigating life's many and varied transitions. Finally, the capacity building section provides suggestions for strategies to create an organization that practices culturally responsive family engagement which includes staffing, professional development, resource development, and evaluation. All of these components work in concert to position practitioners, organizations, and communities, in partnership with families, to move from the planning and designing phase to the actual implementation of authentic family engagement strategies that meet the individual needs of the families.



RESOURCES

Below are some useful online resources that practitioners can use to gain more knowledge and insights about family engagement. Although by no means an exhaustive list, these resources provide a good starting point for practitioners as they begin to apply this Framework and put the concepts, explained therein, into practice. Some of these resources also provide links to further resource lists.⁶

Federal resources

[U.S. Department of Education's Policy Statement on Family Engagement from the Early Years to the Early Grades](#)

Children's Bureau Child Welfare Information Gateway's [Family Engagement: Partnering With Families to Improve Child Welfare Outcomes](#)

Children's Bureau Child Welfare Information Gateway's resources on [engaging fathers and paternal family members](#)

Office of Head Start's [Head Start Parent, Family, and Community Engagement Framework](#).

Administration on Children, Youth and Families' [Integrating Approaches that Prioritize and Enhance Father Engagement](#)

U.S. Department of Education's [Family and Community Engagement page](#)

[Partners in Education: A Dual Capacity-Building Framework for Family-School Partnerships](#)

Department of Education's Newcomer Tool Kit [Establishing Partnerships with Families](#)

Centers for Disease Control and Prevention's [Parent Engagement: Strategies for Involving Parents in School Health](#).

Centers for Disease Control and Prevention's [Promoting Parent Engagement in School Health: A Facilitator's Guide for Staff Development](#)

Youth.gov's [Family Engagement page](#)

National Center for Mental Health and Juvenile Justice's [Family Involvement in the Juvenile Justice System](#)

National Center for Mental Health and Juvenile Justice's Family [Resources Inventory: An Overview of Resources for Family, Youth, and Staff](#)

Build initiative Family Engagement Toolkit: <http://buildinitiative.org/Resources/FamilyEngagementToolkit.aspx>

Institute for Patient- and Family-Centered Care's [Individual and Family Engagement in the Medicaid Population: Emerging Best Practices and Recommendations](#)

Health Resources and Services Administration Maternal and Child Health's [Family Involvement page](#).

⁶ A reference in this document to any specific commercial products, processes, or services, or the use of any trade, firm, or corporation name is for the information and convenience of the public and does not constitute endorsement or recommendation by any of the agencies represented on the state and/or regional coalition



Office of Planning, Research and Evaluation's [Approaches to Father Engagement and Fathers' Experiences in Home Visiting Programs](#)

National Conference of State Legislatures' [Engaging Youth: Extending Foster Care Policy Toolkit](#)

State Resources

Boston Public School's [Parent Engagement Toolkit for Educators](#)

California School District's [Family Engagement Framework](#)

California School District's [What Works Brief #9: Family Engagement](#)

North Carolina's Parent and Family Involvement: [A Guide to Effective Parent, Family, and Community Involvement](#)

Ohio Department of Education [Sample Best Practices for Parent Involvement in Schools](#)

[Tips and Strategies for Increasing Parent and Family Involvement in Virginia Schools](#)

[Johns Hopkins' National Network of Partnership Schools](#)

Illinois State Board of Education's [Family Engagement Framework: A Guide for Illinois School Districts, Schools and Families](#)

The Maryland Family Engagement Coalition's [The Early Childhood Family Engagement Framework: Maryland's Vision for Engaging Families with Young Children](#)

Arkansas State Parent Advisory Council's [The Arkansas Guide for Promoting Family Engagement](#)

Resources from foundations/agencies/research organizations

National Fatherhood Initiative's [The Father Factor – Including Fathers in Human Services](#)

National Black Child Development Institute's [Family Engagement page](#).

[Beyond Random Acts: Family, School, and Community Engagement as an Integral Part of Education Reform.](#)

Global Family Research Project's [Human-Centered Design: An Innovative Tool for Professional Learning in Family Engagement.](#)

Global Family Research Project's [A Tool for Transformative Family Engagement: A Commentary on the Family Engagement Playbook.](#)

Global Family Research Project's [Public Libraries Engage Families in STEM](#)

Lucile Packard Foundation for Children's Health's [Engaging Families in Improving the Health Care System for Children with Special Health Care Needs](#)

Ontario Centre for Excellence for child and Youth Mental Health's [best practices in engaging families in child and youth mental health](#)

[Six Core Elements of Health Care Transition on gottrantisiton.org](#)

[Everyday Democracy: Ideas and Tools for Community Change](#)

[A short Guide to Community Based Participatory Action Research: A Community Research Lab Guide](#)



Center for Study of Social Policy's [MANIFESTO for Race Equity & Parent Leadership in Early Childhood Systems](#)

American Library Association's <http://www.ilovelibraries.org/librariestransform/family-engagement-toolkit-intro>

Global Family Research Project's [Public Libraries: A Vital Space for Family Engagement](#)

Global Family Research Project's Ideabook- [Libraries for Families](#)

State Support Network's [Strategies for Equitable Family Engagement](#)

Getting Smart's [Four parent engagement strategies English language learners](#)

Wisconsin Center for Education Research, University of Wisconsin–Madison's [Focus on Family Engagement](#)

Selected books on the topic of family engagement

Donohue, C. (2017). *Family Engagement in the Digital Age* (Ed.). New York, NY: Routledge.

Ferlazzo, L. & Hammond, L. (2009). *Building Parent Engagement in Schools*. Santa Barbaba, CA: ABC-CLIO, LLC.

Grant, K. B. & Ray, J. A. (2016). *Home, School, and Community Collaborations. Culturally Responsive Family Engagement* (3rd Ed.). Thousand Oaks, CA: Sage Publications.

Henderson, A.T., Mapp, K. L., Johnson, V. R., & Davies, D. (2007). *Beyond the Bake Sale: The Essential Guide to Family-School Partnerships*. New York: The New Press.

Irua, I. U., Curenton, S., M., & Eke, W. A. I. (2014). *The CRAF-E4 Family Engagement Model: Building Practitioners' Competence to Work with Diverse Families*. Waltham, MA: Elsevier

Kiyama, J. M., Harper, C., Ramos, D., Aguayo, D., Page, L. A., & Riester, K. A. (2015). *Parent and Family Engagement in Higher Education*. Hoboken, NJ: Wiley Periodicals.

National Institute on for Children's Health Quality (2018). *Family Engagement Guide. The role of Family Health Partners in Quality Improvement within a Pediatric Medical Home*.

Powers, J. (2016). *Parent Engagement in Early Learning* (2nd Ed.). St. Paul, MN: Redleaf Press.

Redding, S., Murphy, M., & Sheley, P. (2011). *Handbook on Family and Community Engagement*. Charlotte, NC: Information Age Publishing.

Selected resources organizations can use to assess family engagement

Center for the Study of Social Policy and the EC-LINC Outcomes and Metrics Initiative's [Parent Engagement and Leadership Assessment Guide and Toolkit](#)

The Annenberg Institute for School Reform at Brown University: [The Family Leadership Self-Assessment Rubric: An Indicator Tool for School Districts and Lessons from Central Falls, Rhode Island](#)

Lucile Packard Foundation for Children's Health: [A Framework for Assessing Family Engagement in Systems Change](#)

National Center for Parent, Family and Community Engagement: [Using the Head Start Parent, Family, and Community Engagement Framework in Your Program: Markers of Progress](#)

The Annie E. Casey Foundation: [Engaging Parents, Developing Leaders: A Self-Assessment and Planning Tool for Nonprofits and Schools](#)



Portland State University's [Family Engagement Self-Assessment Tool \(FE-SAT\)](#)

New Jersey State Department of Education's [Parent and Family Engagement Assessment Tool](#)

Vermont Agency of Education's [Family Engagement Toolkit and Self-Assessment](#)

Maryland State Department of Education's Early Childhood Family Engagement Framework: [Family Engagement Self-assessment](#)



GLOSSARY

Mutual trust - Mutual trust, a crucial building block of a solid relationship, is a shared belief that you can depend on each other, in equal measure, to achieve a common purpose.

Authentic interactions – Authentic interactions are those that are characterized by consistency, accountability, responsibility, transparency, nurturance, sensitivity, and sincerity.

Reciprocal communication - Reciprocal communication includes sending your message clearly to the other, while simultaneously taking other participants' responses into consideration. In reciprocal communication the direction and sequence are not preset or predetermined.

Interactive opportunities - Interactive opportunities are activities that engage participants in a number of ways. These activities prompt students to engage with content, rather than passively absorb it.

Linguistically responsive services - Linguistically responsive practices refer to services that take into account and accommodate language differences in individuals and do not assign these differences a positive or a negative value.

Professional/career pathway - A professional or career pathway is an organized approach to career planning for anyone wanting to land a first job or to improve skills for different or better job opportunities. Creating a career pathway means plotting a course for identifying occupational interests, determining education and training needs and establishing an action plan for reaching career goals.

Social isolation - Social isolation is the absence of relationships with family or friends on an individual level, and with society on a broader level. A socially isolated individual lacks engagement with others and has a minimal number of social contacts.

Action plan - An action plan is a document that lists what steps must be taken in order to achieve a specific goal. The purpose of an action plan is to clarify what resources are required to reach the goal, formulate a timeline for when specific tasks need to be completed and determine what resources are required.

Promising practices - A promising practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. It is an efficient and effective way to accomplish a desired outcome.



REFERENCES

Artman-Meeker, K., Fettig, A., Barton, E. E., Penny, A., & Zeng, S. (2015). Applying an Evidence-Based Framework to the Early Childhood Coaching Literature. *Topics in Early Childhood Special Education, 35*, 183-196.

Bernard, S. N., Whitson, M., & Kaufman, J (2015). The Moderating Effect of Positive Father Engagement and Accessibility on a School-Based System of Care Intervention for Mental Health Outcomes of Children. *Journal of Child and Family Studies, 24* (10), 2923–2933

Carman, K.L., Dardess, P., Maurer, M.E., Workman, T., Ganachari, D., & Pathak-Sen, E. (2014). A Roadmap for Patient and Family Engagement in Healthcare Practice and Research. (Prepared by the American Institutes for Research under a grant from the Gordon and Betty Moore Foundation, Dominick Frosch, Project Officer and Fellow; Susan Baade, Program Officer.) Gordon and Betty Moore Foundation: Palo Alto, CA.

Cowan, P. A. (1991). Individual and family life transitions: A proposal for a new definition. In P. A. Cowan & E. M. Hetherington (Eds.), *Family transitions* (pp. 3–30). Hillsdale, NJ: Erlbaum.

Dearing, E., Kreider, H., & Weiss, H. B. (2008). Increased family involvement in school predicts improved child-teacher relationships and feelings about school for low-income children. *Marriage & Family Review, 43*(3–4), 226–254.

El Nokali, N. E., Bachman, H. J., & Votruba-Drzal, E. (2010). Parent involvement and children’s academic and social development in elementary school. *Child Development, 81*(3), 988–1005.

Froiland, J. M., Peterson, A., & Davison, M. L. (2013). The long-term effects of early parent involvement and parent expectation in the USA. *School Psychology International, 34*(1), 33–50.

Green, C. L., Walker, J. M. T., Hoover-Dempsey, K. V, & Sandler, H. M. (2007). Parents’ motivations for involvement in children’s education: An empirical test of a theoretical model of parental involvement. *Journal of Educational Psychology, 99*(3), 532–544.

Hayes, D. (2012). Parental involvement and achievement outcomes in African American adolescents. *Journal of Comparative Family Studies, 43*(4), 567–582.

Henderson, A., & Mapp, K. (2003). A new wave of evidence: The impact of school, family, and community connections on student achievement. Austin, TX: Southwest Educational Development Laboratory (SEDL). Retrieved from <http://www.sedl.org/connections/resources/evidence.pdf>

Hoover-Dempsey, K. V., Walker, J. M., & Sandler, H. M. (2005). Parents’ motivations for involvement in their children’s education. In E.N. Patrikakou, R.P. Weissberg, S. Redding, & H.J. Walberg (Eds.), *School-family partnerships for children’s success*. (pp. 40–56). New York, NY: Teachers College Press.



Jeynes, W. H. (2016). A meta-analysis: The relationship between parental involvement and African American school outcomes. *Journal of Black Studies*, 47(3), 195–216.

Mapp, K. A. & Kuttner, P. J. (2013). *Partners in Education: A Dual Capacity-Building Framework for Family–School Partnerships*. Washington DC: SEDL.

Marts, E. J., Lee, E-K. O., McRoy, R., & McCroskey, J. (2008). Point of Engagement: Reducing Disproportionality and Improving Child and Family Outcomes. *Child Welfare*, 87 (2), 335-358.

Michaels, C. & Ferrara, Denise (2005). Promoting Post-School Success for All: The Role of Collaboration in Person Centered Transition Planning. *Journal of Educational and Psychological Consultation* 16(4), 287-313.,

Podell J. L., & Kendall P.C. (2011) Mothers and fathers in family cognitive-behavioral therapy for anxious youth. *Journal of Child and Family Studies*, 20(2), 182–195.

Powell, D. R., Son, S. H., File, N., & San Juan, R. R. (2010). Parent-school relationships and children’s academic and social outcomes in public school pre-kindergarten. *Journal of School Psychology*, 48(4), 269–292.

Peterson (2004). Supporting Dynamic Development of Youth with Disabilities During Transition: A Guide for Families. *National Center on Secondary Education and Transition Briefs*, 2 (3), 1-5.

Reedy, C. K., & McGrath, W. H. (2010). Can you hear me now? Staff-parent communication in child care centers. *Early Child Development and Care*, 180(3), 347–357.

Smith, S., Robbins, T., Stagman, S. & Mahur, D. (2013). Parent engagement from preschool through grade 3: A guide for policymakers. Report. New York: National Center for Children in Poverty.

Smythe-Leistico, K. J., Young, C. P., Mulvey, L. A., McCall, R. B., Petruska, M., Barone-Martin, C,... Coffee, B. A. (2012). Blending theory with practice: Implementing kindergarten transition using the systems framework. *American Journal of Community Psychology*, 50(3–4), 357–369.

Van Voorhis, F.L., Maier, M.F., Epstein, J.L., and Lloyd, C.M. (2013). The impact of family involvement on the education of children ages 3 to 8. New York, NY: MDRC. Retrieved from http://www.mdrc.org/sites/default/files/The_Impact_of_Family_Involvement_FR.pdf

Wang, M., Hill, N. E., & Hofkens, T. (2014). Parental involvement and African American and European American adolescents’ academic, behavioral, and emotional development in secondary school. *Child Development*, 85(6), 2151–2168.

