



Perceptions of Family Engagement in the Peel Service Area Report

Survey of Core Service Providers conducted by the Knowledge
Institute on Child and Youth Mental Health and Addictions for
EveryMind Mental Health Services (Lead Agency)

June 2022

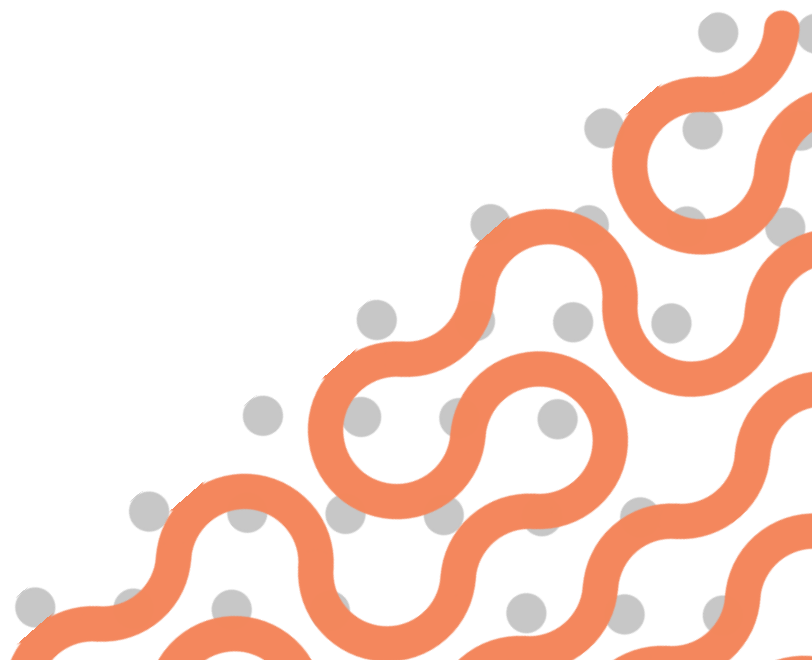


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EveryMind Mental Health Services (2022). *Perceptions of Family Engagement in the Peel Service Area Report*. <https://everymind.ca/family-engagement/>

Introduction to Project

Meaningful engagement of youth and families has been shown to have a significant positive impact on their mental health service experience and outcomes (Dempsey & Keen, 2008; Koren et al., 1997). Family engagement has been defined as, “*an ongoing process that includes families as active decision makers and partners at the organizational and system levels*” (Ontario Centre of Excellence for Child and Youth Mental Health, 2021). As **Peel’s lead agency, EveryMind Mental Health Services (EveryMind)** plays a vital role in supporting family engagement across the child and youth mental health (CYMH) system in the Peel service area. **The Knowledge Institute on Child and Youth Mental Health and Addictions** (formerly the Ontario Centre of Excellence for Child and Youth Mental Health) has established a quality standard rooted in literature, best practice, with input from youth, families, and service providers on how to meaningfully engage families and caregivers. The [Quality Standard for Family Engagement](#) consists of several quality statements, or principles, that articulate what it takes to conduct meaningful and high-quality family engagement.

In partnership with the Knowledge Institute, EveryMind engaged family members (i.e., Family Advisors who are members of Peel’s Family Engagement working group) and staff across the CYMH sector in Peel to gather feedback on how Peel’s CYMH service system measures up to these standards. This report is a summary of the feedback collected.

Acknowledgements

EveryMind thanks **Peel’s Family Engagement Advisory Committee** for its leadership in championing and managing this project. Co-chaired by family advisors and supported by EveryMind’s Family Engagement Coordinator, Eleni Giannopoulos, and responsible manager, Julia Margetiak, the committee consists of family advisors and staff representatives from **Peel’s four CYMH Core Service Providers: Associated Youth Services of Peel, EveryMind, and the child and adolescent mental health clinics at Trillium Health Partners and William Osler Health System.** We also thank the family advisors and staff at Peel’s Core Service Providers who attended training on the Quality Standard for Family Engagement and participated in the survey that is the subject of this evaluation report.

The Knowledge Institute on Child and Youth Mental Health and Addictions played a critical role in supporting Peel’s CYMH service system to assess perceptions on how well Peel’s current family engagement practices align with the Knowledge Institute’s Quality Standard for Family Engagement. We thank **Natalie Markoff, Family Engagement Specialist**, and **Kelli Dilworth, Manager, Engagement**, who shared their expertise and experience in multiple discussions with the Family Engagement Advisory Committee, and in training for Peel’s CYMH service system on the quality standard. They also supported the administration of the survey. Finally, the Knowledge Institute’s data and quality improvement staff provided an initial analysis of the survey data.

This report is a collaborative effort between Peel’s Family Engagement Advisory Committee, staff at the Knowledge Institute, and supported by Alyona Koulanova, EveryMind’s Evaluation and Research Specialist.



Introduction to the Knowledge Institute's Quality Standard

Quality Standard for Family Engagement

Family engagement is an ongoing process that includes families as active decision makers.

Families should be partners at the organizational and system levels. Evidence suggests that when families have a voice and active role in treatment and service planning at the system level, agencies and communities are able to be more responsive to the needs of children, youth, and families. Embedding family voice into system initiatives not only increases community awareness and helps reduce stigma around child and youth mental health, engagement also improves infrastructure and services, all of which makes the system itself more sustainable.

Quality standards are essential to a system that is accountable and constantly improving.

Quality standards complement accreditation standards and clinical practice guidelines from professional bodies. This quality standard focuses on system-level family engagement. That is, engagement focused on improvements affecting networks, care pathways, resources and structures impacting multiple organizations and care settings, in addition to improvements within individual organizations. For more information on quality standards for child and youth mental health, contact cymhstandards@cheo.on.ca.

This quality standard is comprised of eight quality statements.

Together, these quality statements (listed below) serve to formalize family engagement processes and expectations, ensuring consistent, quality family engagement across the province of Ontario. The statements are like principles, describing what high quality looks like, based on evidence. None of these statements stands alone. These statements intersect and work together to form high quality family engagement. Those implementing the standard will need to pay active attention to all areas to ensure strong and sustainable family engagement practices.

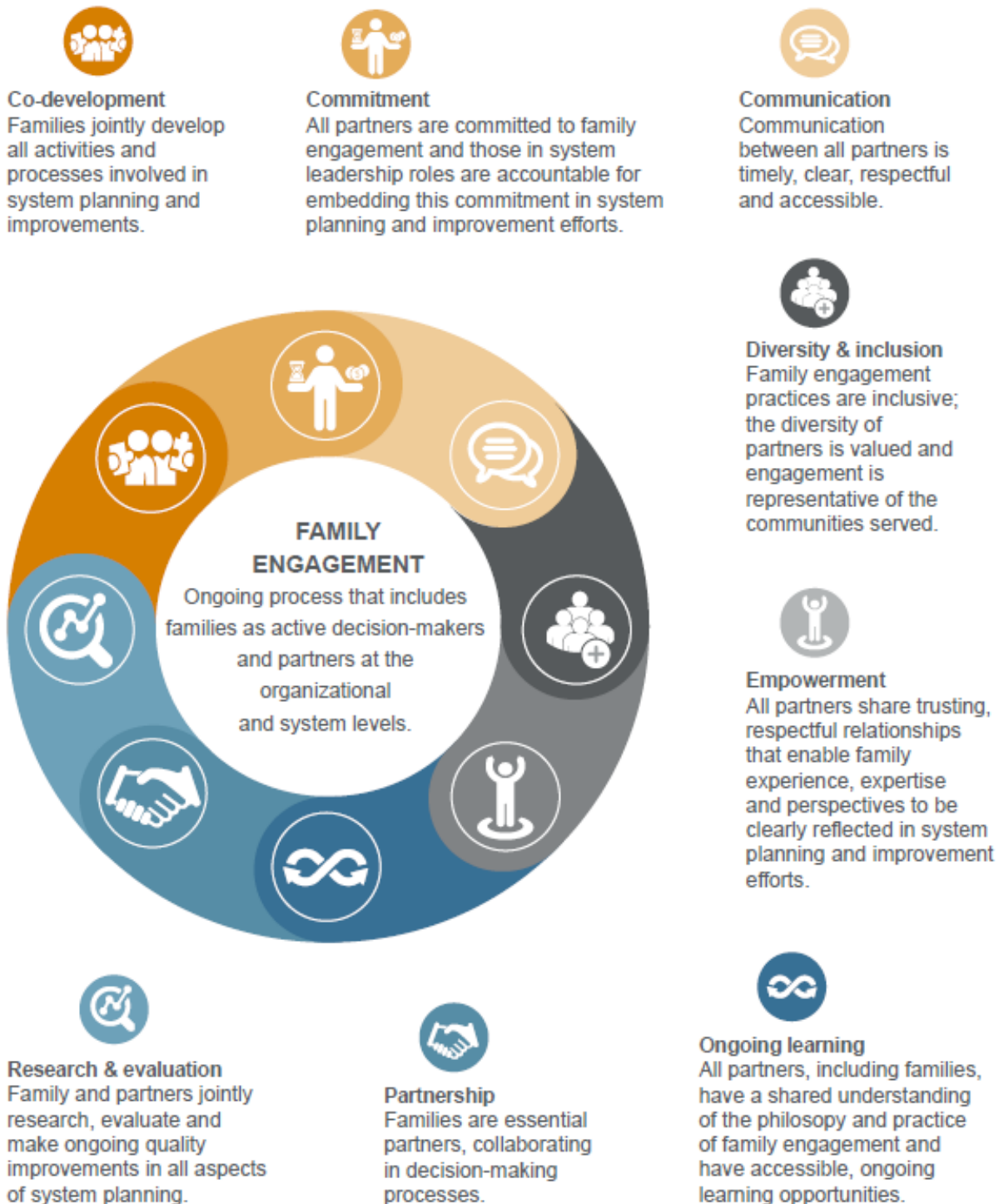
Access the full quality standard for family engagement.

The quality standard for family engagement document includes background, rationale, best practices and descriptions of what each quality statement (principle) means for families, agencies and system decision makers.

Visit [the CYMHA website](#) to obtain a copy of the complete quality standard and accompanying resources.



Quality Statements



Methods

The present report summarizes information that was collected from different sources, including responses from the measurement survey from the Centre of Excellence's Provincial Quality Standards for Family Engagement and live polling questions that were collected during three staff sessions: two workshops with leadership and management level staff and one Lunch & Learn session hosted for staff. EveryMind conducted the data analysis in this report.

Data Collection

Survey Data Collection

The survey was sent out to targeted listservs at EveryMind Mental Health Services, Associated Youth Services of Peel (AYSP), and the child and adolescent mental health clinics at William Osler Health System and Trillium Health Partners. It is estimated that approximately 315 individuals (i.e., agency staff and family members) received an email invitation. The survey was administered online and participants had a window of 10 weeks to complete it.

The survey started with an introduction detailing the Quality Standard for Family Engagement. This was provided to ensure all respondents had a base level of familiarity with the eight quality principles that make up the Quality Standard for Family Engagement. Next, the survey contained questions requesting demographic information. Demographic information that was collected included respondents' affiliated organization, role at the organization, level of involvement in a family engagement working group, as well as overall knowledge and perception of family engagement. Finally, the survey contained a number of questions to gather respondents' perception of Quality Family Engagement principles and the extent to which they are embodied at their organization. Both Likert scale and open-ended response options were used. For Likert scale questions, participants responded on a scale from 0 to 5 (0 – I don't know; 1 – No, never; 2 – Almost never; 3 – Some of the time; 4 – Yes, most of the time; 5 – All of the time). A higher score indicates higher agreement with the item. Open-ended questions were included additional to gather rich detailed feedback on what is currently working well and what can be improved.

Polling Data Collection

The Family Engagement Advisory Committee hosted two workshops on the Quality Standard for Family Engagement for leadership and management, as well as one Lunch & Learn session for all staff within the Peel Core Service System. These sessions provided an additional opportunity to gather feedback regarding potential next steps in the evolution of family engagement in the Peel Service Area. Approximately 90 individuals participated across the three virtual sessions hosted.

Data Analysis

Frequency and sample distributions were used to characterize the demographic information and polling results. Mean scores were generated for Likert scale questions to capture the average agreement with each of the statements of quality within the sample. For the open-ended responses, a thematic analysis was used to capture main themes for each question (Braun & Clarke, 2006). This approach involves six steps. In the first step, written responses are read and re-read to become familiar with the data. Next, initial codes in the data are identified and marked. Then, initial codes are collated into preliminary themes of common elements. In the fourth step, themes are reviewed for internal consistency and external heterogeneity. Then, themes are defined, named, and refined as necessary. The final step involves producing a written summary of the findings, including rich detail and participant quotes to describe the themes.

Findings

Survey Findings

Sample Summary

It is estimated that the survey was distributed to approximately 315 individuals. In total, 40 individuals responded to the survey, with an approximate response rate of 12.7%. Of the 40 individuals who participated in the survey, 87.5% were considered to have completed the survey (answers were provided for all Likert scale questions). 69% of the respondents provided answers to both the Likert scale questions and provided comments to the open-ended questions.

Who are the Participants?




-  The majority of respondents (75%; $n = 30$) were not involved in a group focusing on family engagement at the time of the survey (e.g., family advisory committee, family engagement working group, etc.).
-  Most of the respondents were staff with a few family advisors (see table 1).
-  Most of the respondents identified EveryMind as their affiliated organization (see table 2).

Table 1. Survey respondents' role.

Role	Count	Proportion of Sample
Direct service staff	18	45%
Leadership / management	14	35%
Infrastructure staff (e.g., admin, IT)	4	10%
Family member	4	10%

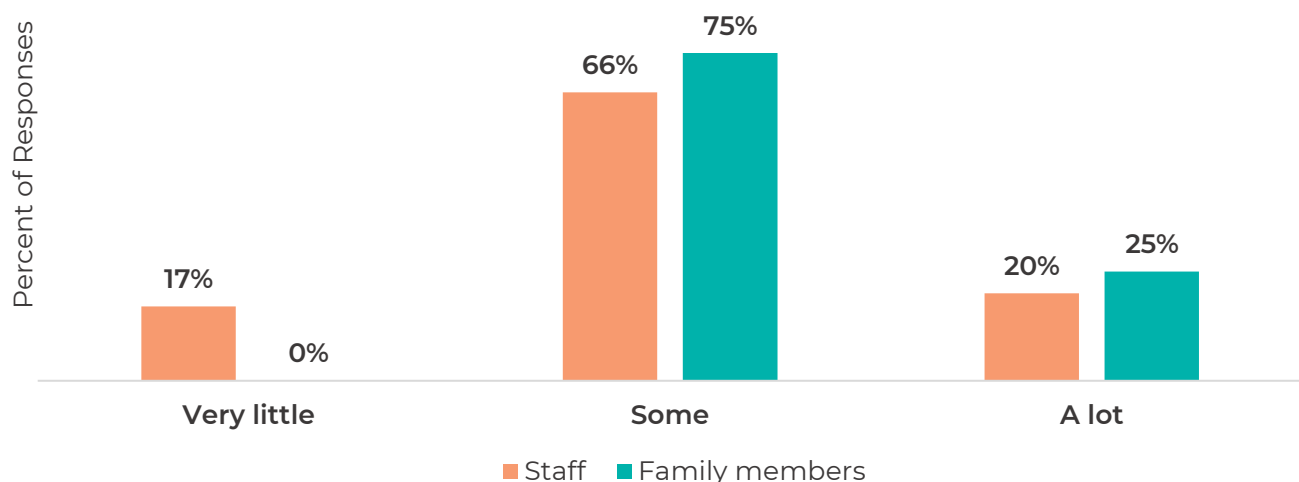
Table 2. Survey respondents' affiliated organization.

Affiliated Organization	Count	Proportion of Sample
EveryMind Mental Health Services	33	82%
Associated Youth Services of Peel	5	12%
William Osler Health System	1	3%
Other	1	3%

Knowledge and Perceptions of Family Engagement

Survey respondents were asked a series of questions about their knowledge, experience, and perception of family engagement. The majority of staff ($n = 30$) and all family members ($n = 4$) reported that they were at least moderately or very knowledgeable about family engagement (see figure 1).

Figure 1. My knowledge and experience with family engagement is...



In addition, both staff and family members highly value spending time and effort on family engagement activities (figure 2) and like how families are engaged at their organization (72% and 90%; figure 3). Of note, for both of these questions, family members responded more favorably than staff.

Figure 2. Being a part of family engagement activities is worth my time and



(percent of respondents that agreed to this statement)

Figure 3. I like how families are engaged at this






(percent of respondents that agreed to this)

Perceptions of Quality Statements

The following section summarizes how staff (including direct service and clinical staff, administrative and IT staff, leadership, and management) and family members responded to the eight quality statements or principles of the Family Engagement Standard. Higher scores indicate more favorable responses or higher endorsement of the quality principles by respondents.

In general, staff and family members' responses trend toward the perception that their organization is meeting the quality principles some or most of the time. No principle received a score below 62% (see figure 4 below). In addition, a general trend was observed that family members consistently reported a higher level of agreement than staff that the quality principle is embodied at their organization (figure 4). However, it is worth noting that the sample of family members is quite small ($n = 4$), and thus may not be a strong representation of the perceptions of all family members across the CYMH Core Service Provider organizations in Peel.

General observations:

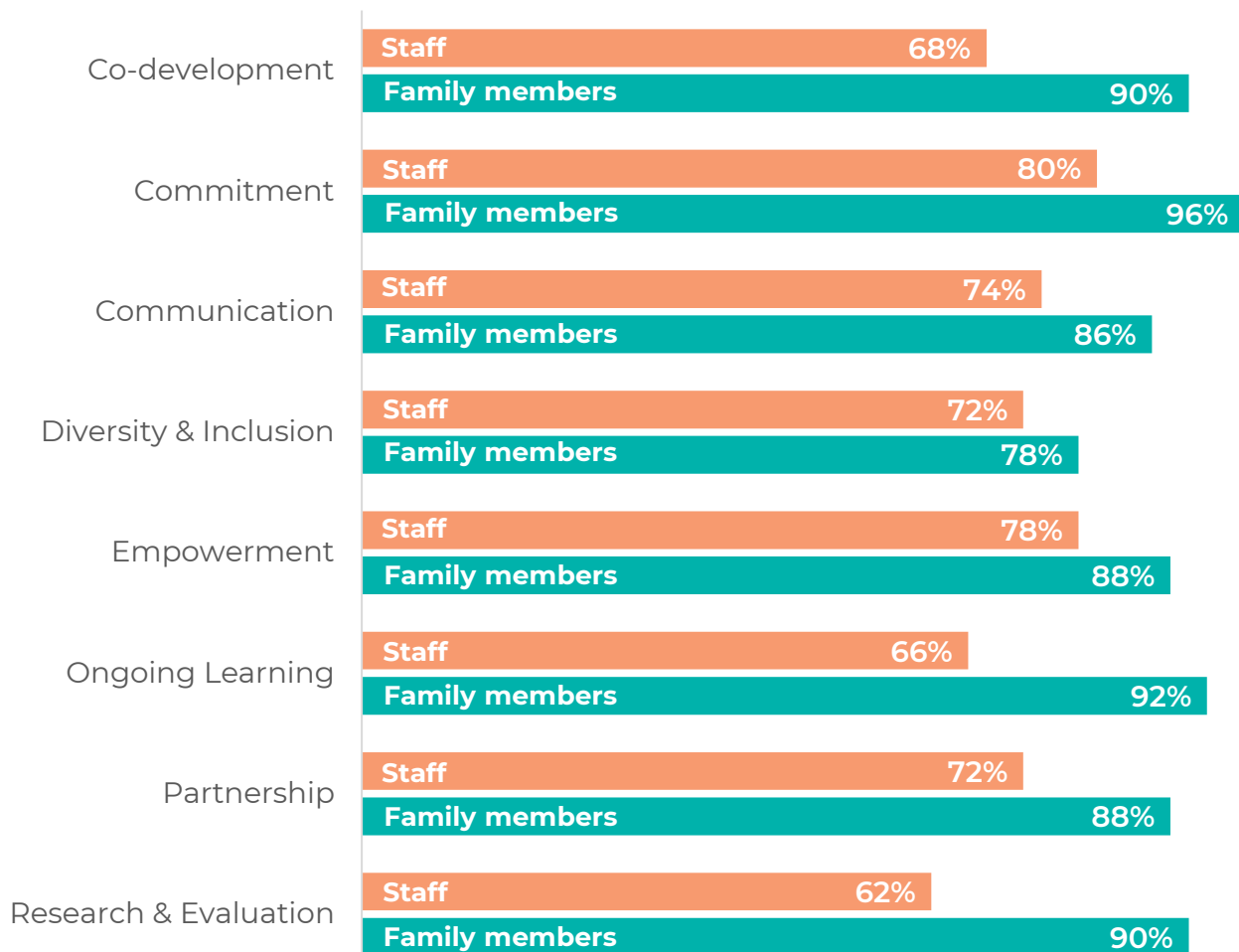
-  Survey responses from both groups highlighted organizations' strong **Commitment** to family engagement, whereby formal documents such as terms of reference and vision statements are used, resources are allocated, and families know what to expect.
-  Respondents also indicated that organizations create an atmosphere where staff take the time to consider the expertise and lived experience of families, and both families and staff are **Empowered** to express their views safely.
-  Staff felt that **Research & Evaluation** and **Ongoing Learning** were the least embodied quality principles at organizations, while family members ranked these quality principles favorably.



Family members ranked **Communication** and **Diversity & Inclusion** as the two lowest quality principles embodied at organizations.

In addition, survey responses among staff members indicated a lack of knowledge (i.e., “*I don’t know*”) of how families are engaged in **Research & Evaluation**, as well as ongoing quality improvement for the purposes of system planning. Staff also had little knowledge of the frequency or quality of **Communication** between partners or whether family members **Co-developed** activities and processes focused on system planning and improvements.

Figure 4. Staff and family members' perceptions of quality statements



(Higher scores indicate more favorable responses or higher endorsement of the quality principles by respondents.)

Open-ended Responses

This section provides a summary of the statements made to the open-ended response questions. Three questions were asked exploring what is currently working well (19 staff; 2 family members), suggestions for improvements (18 staff; 3 family members), and an opportunity to share any other comments (8 staff; 3 family members). The statements were first analyzed on a question level using a thematic analysis approach, as detailed in the methods section above. Then, the data was reviewed as a whole, searching for similarities in themes across questions. The themes shared below capture data from across the three open-ended questions.

What is working well?

Generally, three types of comments were left in this section: participants referenced dedicated resources towards Family Engagement, provided examples of how the organization has been *walking the talk*, and shared characteristics of the organization that align with the family engagement quality standard statements. It is worth noting that many respondents' answers centered around service/clinical level (frontline/treatment) engagement.

Dedicated Family Engagement Resources: Participants highlighted the “*Peel Family Engagement Advisory Committee*” and having a “*dedicated role ... to engage families,*” such as the Family Engagement Coordinator position, as a “*solid foundation*” to enable the work of family engagement at the organization.

Walking the Talk of Family Engagement: Examples include the use of client/caregiver feedback surveys to offer “*opportunities for families to give feedback;*” use of “*collaborative treatment planning*” and involving “*families in their care plan;*” and offering services that meet families' needs such as “*Peel Wraparound*” and “*EarlyON.*”

Qualities Characteristics that Align with Quality Family Engagement: A few respondents shared characteristics through which the organization is championing quality family engagement. The named characteristics were flexible, transparent, and collaborative.

Suggestions for improving family engagement

The majority of comments suggested that improving family engagement efforts in this organization starts with more engagement. A few comments offered suggestion for new initiatives. Finally, one comment *questioned* the authenticity of some of the family engagement work.

More Engagement: Most comments suggested that family engagement efforts can be improved by increasing engagement with both families and staff. Participants shared, “*we need to expand the pool of Family Members and to intentionally include more representation of Peel's population that are currently under-*

represented” and “find ways to get more diverse families involved.” One way that more families can be engaged is by decreasing their barriers to participation. For example, offer support for “childcare and transportation” and ensure that “they feel safe to share their true perspective as a member of a marginalized population.” In addition to increasing the representation of diverse families on the committee, it is important that families are more involved with decision-making at the organization. Specifically, numerous respondents suggested, “continued opportunity for families to participate in decisions,” “families to be a part of decisions when creating new programs or making changes to existing programs,” and “co-create policies/procedures” with families”.

Respondents also suggested family engagement efforts may be improved by engaging more staff – specifically, recognizing the differences across teams and that program “specific limitations or philosophies could hinder staff’s interpretation of how to engage families.” Respondents felt that it is important that staff have “a true understanding of the term engagement from supervisors and clinicians.” This may be achieved by reaching out to staff, offering “refresher training,” identifying “champions within the agency,” expanding membership, and incorporating “values into work.”

New Initiatives: Three new ideas were brought forth by respondents:

- 1) *“Introduce Parent/Caregiver Peer Worker role to support families navigating services, pre-post service support.”*
- 2) *“Provide opportunities for families to share how they experienced services from a broader anti-oppressive framework...”*
- 3) *“More promotion across the agency of family engagement efforts and how frontline can build this safety at the ground level.”*

Authentic Family Engagement: Although the particular example of this theme was captured in one respondent’s comment, the theme of authenticity in the work around family engagement is present throughout other comments provided. This theme is used to capture the idea that although a lot of great work has been done, it is important that family engagement work continues to strive for authentic, quality engagement of families.

“There are policies in place that say that there is family engagement, but it is unclear if those policies are really “alive” and if families truly do have a voice. It seems that the funder/government has much more say about what services and supports the families are offered and family and client voices are not prioritized.”

What else would you like to tell us?

8 staff and 3 family members left comments in response to this question. Responses to this question have been categorized into three main themes:

- 1) keep up the great work,
- 2) requests for more information, and
- 3) recommendations for improvements.

Keep up the great work!: About a third of the comments expressed appreciation for the work that has been done, applauded the Family Engagement Coordinator, and encouraged both youth and family engagement to *“continue to be an advocate for change.”*

Requests for More Information: A few respondents shared that they do not know enough about family engagement. For example, *“I don’t know enough and would like to learn more”* and *“unsure of many of the current and historical practices beyond the family engagement committee.”* In addition, a request for learning from the survey results was made by a respondent who identifies as leadership/management. It would likely be beneficial to share more information, survey results, and next steps with all staff at the Core Service Provider organizations, in addition to sharing it with family members.

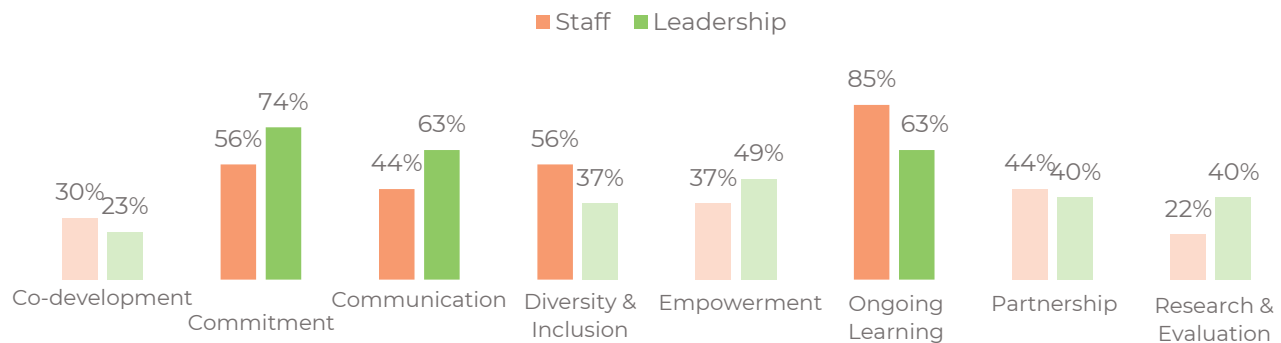
Recommendations for Improvements: Two recommendations were brought forth by respondents:

- 1) *“There seems to be a gap in treatment for clients and families who experience serious mental health illness (e.g., Bipolar Disorder, Schizophrenia) but do not meet the criteria of hospitalization. It’s important that families experiencing these difficulties are supported; there is a need to extend the menu of services to meet the needs of these families.”*
- 2) *“I feel the newsletter, the motto, the mandate, still needs to include more information and resources that cater to the various ethnicities and religions who may have different approaches and practices for Family Engagement and Mental Health.”*

Polling Findings

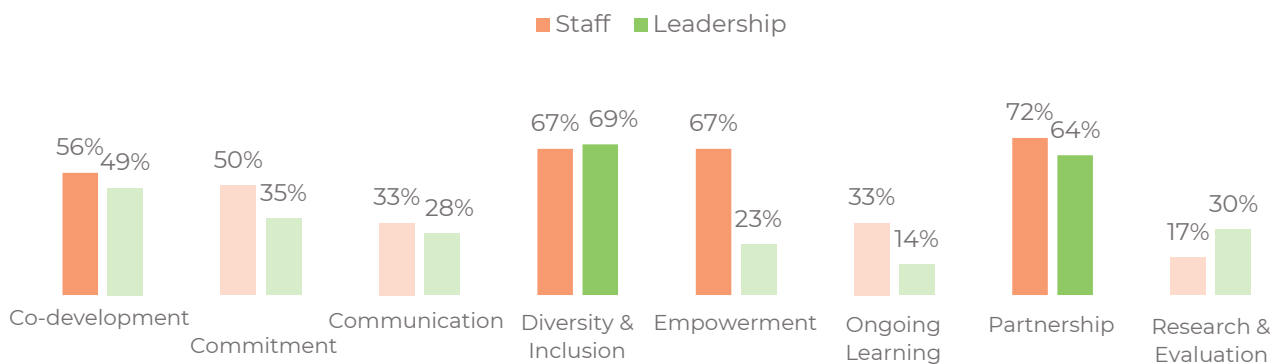
This section provides a summary of the way participants who attended the two workshops for leadership and management and the Lunch & Learn session for staff responded to the live polling questions. Participants were asked to highlight which of the eight quality statements they felt their agency (i.e., organization) already does well and which of the eight quality statements require the most urgent focus. Participants could select multiple options. The percentage of respondents that selected each quality statement is presented below in figure 5 and figure 6.

Figure 5. Based on what you just learned, what does your **agency already do well?**



Ongoing Learning, Commitment, and Communication received the highest endorsement by both staff and leadership as the quality standards already done well at the organizational level. In general, staff and leadership responses aligned but more than half of staff also endorsed **Diversity & Inclusion** as being done well at their organization.”

Figure 6. From your perspective, which of these principles feel the **most urgent for our community to focus on?**

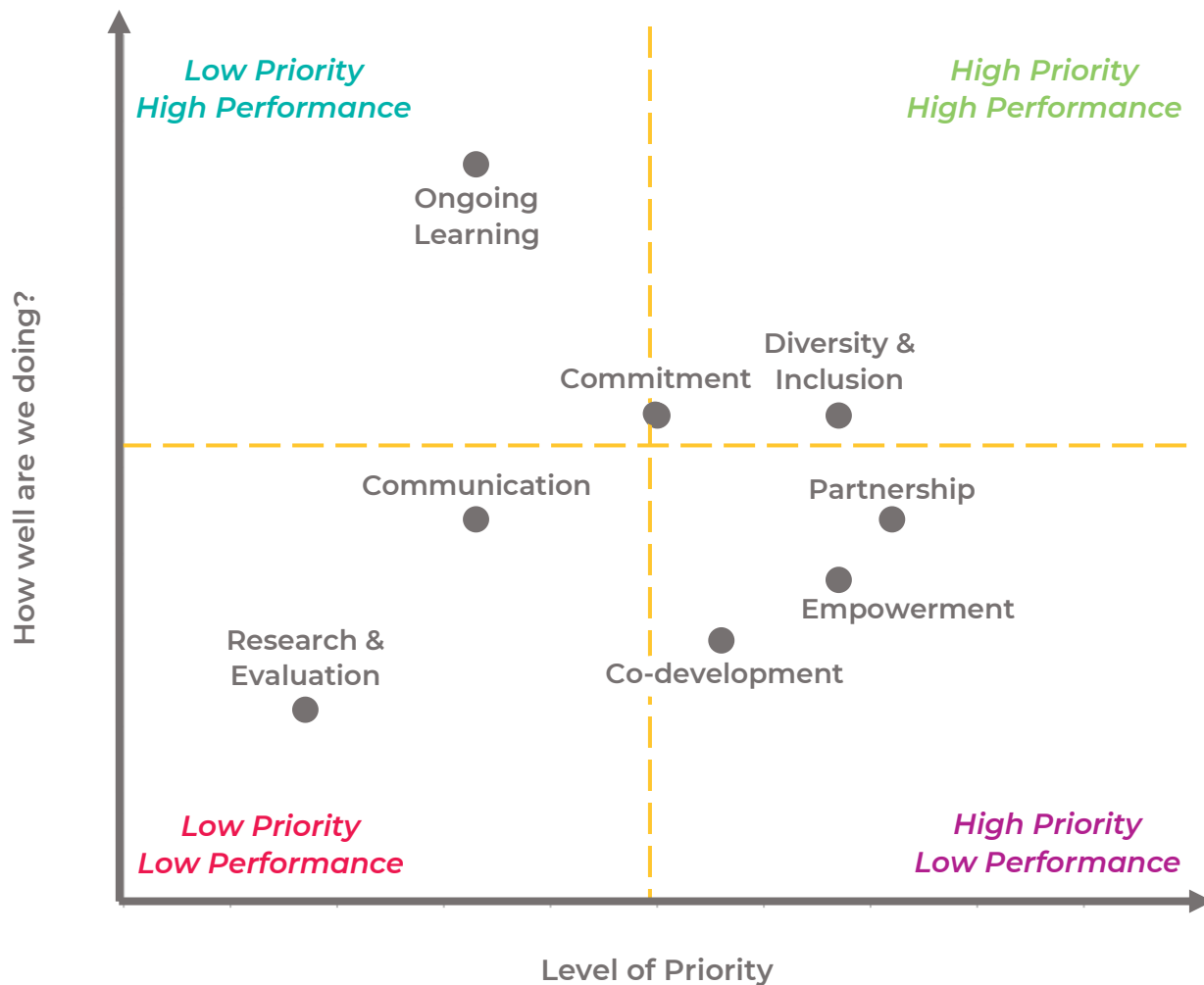


Both staff and leadership identified **Partnership** and **Diversity & Inclusion** as the two quality principles deserving the most urgent focus. Staff also felt that **Co-development** and **Empowerment** need urgent focus.

Generally, those items identified as principles that are done well at the organization level, were not identified as items that have urgent need (and vice versa; that is, items that *were not* identified as principles that are done well at the organization level, *were* identified as items that have urgent need). This trend holds for all but two quality principles: **Diversity & Inclusion** and **Research & Evaluation**. **Diversity & Inclusion** was identified as a quality principle that is both currently being done well and also deserves priority focus moving forward. While **Research & Evaluation** was one of the lowest principles to be endorsed as something that is done well, it also was not identified as a priority by staff and leadership respondents.

Staff responses to the polling questions discussed above have also been plotted on a scatter plot (see figure 7). This graph depicts how each of the quality family engagement principles are distributed across four quadrants based on how well the principles are being done at the organization (i.e., performance) and how urgent the principles are as areas to focus on (i.e., priority).

Figure 7. Staff perceptions of family engagement principles that we are doing well and are the most urgent for our community to focus on.



Based on this figure, the FEC may want to consider focusing on quality principles that have been identified as both occurring with low performance and having high priority: **Partnership, Empowerment, and Co-development**. In addition, although staff felt that **Diversity & Inclusion** is currently being done well at the organizational level, both staff and leadership felt that it is important to prioritize this quality principle in family engagement initiatives.

Learnings and Recommendations

Summary of Findings

Context

- 💡 Perceptions of quality family engagement in Peel were collected from a sample comprised mostly of staff and individuals affiliated with EveryMind.
- 💡 Findings suggest that there may be inconsistent levels of knowledge and understanding about family engagement at the clinical services and system level for both staff and family advisors.

Areas of Strength

- 💡 Spending time and effort on family engagement activities is highly valued by staff and family advisors.
- 💡 Staff and family members believe that there is a strong commitment to family engagement by CYMH organizations in Peel.
- 💡 Staff and family advisors identified several aspects of family engagement that already demonstrate high quality:
 - dedicating resources to family engagement;
 - collecting caregiver feedback;
 - involving families in the clinical process;
 - offering services that help meet caregivers' needs; and
 - being flexible, transparent, and collaborative.

Perception of Quality Statements

- 💡 In general, staff and family advisors perceived that CYMH organizations in Peel are in alignment with the quality standard statements, some or most of the time.
- 💡 In general, staff and family advisor responses suggest inconsistent understanding of how well Ongoing Learning, Research and Evaluation, and Co-development are being done at the organizational level.
- 💡 Family advisors consistently reported a higher level of agreement than staff that the quality principle statements are embodied by organizations.
- 💡 Partnership, Empowerment, Co-development, and Diversity & Inclusion have been identified by staff and leadership as the family engagement quality statements that require our attention and improvement.

Areas of Opportunity

- 💡 There is an interest in growing the membership of the family engagement committee.

- 💡 Respondents feel that families should be more involved in decision-making at the organizational level (e.g., new programs, changes to existing programs, co-creation of policies/procedures).
- 💡 Respondents offered a number of new initiatives the family engagement committee may want to explore. Further details are provided in the *Suggestions for improving family engagement* section of the report (see page 9-10).

Guiding Recommendations

- 💡 Celebrate favourable key learnings: staff and family advisors believe that there is a strong commitment to family engagement by organizations and value time and effort spent on family engagement activities.
- 💡 Prioritize improving Partnership, Empowerment, Co-development, and Diversity & Inclusion for family engagement in Peel.
 - Given current sector and national momentum around diversity, equity, and inclusion initiatives, it may be a good time to focus on developing strategies to make improvements in this area.

For Staff and Leadership to Consider

- 💡 Leadership and staff should continue to look for opportunities for families to be more involved in decision-making via Co-development and Partnership at the organizational level (e.g., new programs, changes to existing programs, co-creation of policies/procedures).

For Family Engagement Committee to Consider

- 💡 Continue to build a family-engaged network and work towards gathering family engagement feedback from a larger representation of families in Peel.
- 💡 Educate the community, including staff and family advisors, about quality family engagement, the quality statements, and the differences in family engagement at the clinical level versus the system level.
- 💡 With support of staff and leadership, recruit more family members and grow the family engagement committee to be more inclusive of the Peel community's diversity.
- 💡 Explore participants' recommendations for new family engagement initiatives based on how they align with the FEC priorities:
 - Introduce parent/caregiver peer support for families navigating services
 - Provide more opportunities for families to share their stories
 - Share more information on family engagement efforts that occur at agencies

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