

# Richmond Supporting Families Program:

A Guide to Help Communities Develop a Family-Centred,  
Community-Based and Collaborative Approach to Supporting  
Families Facing Mental Health and Substance Use Issues



[www.supportingfamilies.ca](http://www.supportingfamilies.ca)

"I need a safe place where I can be honest about my mental illness, my fears as a parent, otherwise I live in fear of being identified as mentally ill and losing my children."

*Parent, attends many different Supporting Families programs*

"The support network I've been provided through the group has truly helped in my life. Honestly I don't know if I'd be where I am today, as successful as I think I am, and moving forward with the hopeful future that I have, without the group and the support network that's been there for me."

*Youth, connected to the Supporting Families Program*

"Mental health stigma is hard on me and my kids. Being with other families means we aren't so isolated, my kids see other kids coping. It normalizes our life, which gives our family some self-esteem."

*Parent, Supporting Families*

"Being in a family with messed up parents isn't that bad, we just have to work it through and get help as a family."

*11 year-old girl from Supporting Families Resilient Kids Group*

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# RICHMOND SUPPORTING FAMILIES MEMBER AGENCIES

(Current as at November, 2016)

 	
	
	
	
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## **RICHMOND SUPPORTING FAMILIES PROGRAM AT A GLANCE**

**\*More information about program offerings (including weekly outlines and handouts for the groups) are available at [www.supportingfamilies.ca](http://www.supportingfamilies.ca)\***

### **RK – Resilient Kids Group (for ages approximately 8 to 10)**

An 8 – 10 week mental wellness group which focuses on learning about and understanding feelings, building resilience, nurturing friendships and having fun.

### **RYY – Resilient Younger Youth Group (for ages approximately 10 to 13)**

Essentially the same as the Resilient Kids Group (RK) this older age group is slightly more talk focused with attention to contextualizing emotions related to what might be happening for a parent/caregiver, whereas the younger age group focuses more on understanding what emotions are.

### **RoY – Resilient Older Youth Group (for ages approximately 13 to 18)**

An 8 – 10 week recreation based mental health and addiction educational group for 13 to 18 year-olds. This group focuses on learning to better cope with life's stressors and building emotional vocabulary and communication skills – in a fun and safe environment.

### **Parent Psycho-Education Group**

A 6 – 8 week psycho-educational group for parents/caregivers to improve parenting capacity and better support children affected by parental mental illness and/or problematic substance use (MHSU)<sup>1</sup> and their unique needs.

This group sometimes takes place simultaneously with Resilient Kids (RK) (i.e., while the kids are in RK the parents are next door doing their own group). However, this group has also been held as a stand-alone group (later in the evening, with dinner and childminding) and any parent/caregiver is welcome, regardless if they are parenting a child attending RK/RYY. The parents who attend the psycho-education group are a mixture of parents experiencing MHSU issues themselves and /or parents /caregivers who do not identify as having MHSU, but who are parenting a child affected by a parent with MHSU (i.e., the partner has MHSU, or they are a grandparent parenting their child's child).

### **Parent Support Group**

A monthly support group offered in the evenings with dinner and childminding. This group is intended for parents who have completed the Psycho-Education group to come together and offer support and idea sharing with each other. A Supporting Families Facilitator and the F.O.R.C.E.<sup>2</sup> Parent-in-Residence are present to offer assistance/guidance, but the group is really designed to have parents provide support to each other in a peer-driven group.

### **Super Groups (for ages 8 – 18)**

Children in families experiencing mental health or substance use challenges often have a great deal of responsibility. These day-long recreation-based groups (usually held monthly on a Friday, Saturday or Sunday) provide children who have attended Resilient Kids and/or Resilient Youth groups a fun day to

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<sup>1</sup> The use of the terminology MHSU is intended to encompass addiction, substance misuse and abuse, and mental illness.

<sup>2</sup> The F.O.R.C.E. Society for Kids' Mental Health [www.forcesociety.com](http://www.forcesociety.com)

just “be kids” and it helps link them up with other community services and resources. We are generally able to fund one Super Group per month for each of the three age groups (RK, RYY and RoY) for a total of three days per month.

### **Family Fun Nights**

Every other month, on a Friday night, service providers, parents, children, and extended families come together to share a fun evening together. The evening includes enjoying a meal prepared by the service providers. These events go a long way to enhancing family relationships, additionally benefiting service providers as these connections can help strengthen the trust between client and worker.

### **Community Education Evenings**

Offered throughout the year, these free public community education events focus on various mental health and addictions-related topics. Professionals, parents, youth and families in the community are encouraged to attend. Topics covered in the past include:

- Making Sense of Adolescence
- Building Resilience in Kids
- Obsessive Compulsive Disorder: A Parent’s Guide to Helping Your Child
- Worried about Your Child’s Worrying?
- Social Anxiety Disorder in Adults
- Building on Strengths in Multicultural Families: How to Create Positive Parent-Child Relationships and Raise Successful Children in Canada
- Family Checkup: Communication, Boundaries and Substances
- Genetic Vulnerability to Mental Health
- Pharmacology and Children
- Mindfulness and Teens



### **Consultation and Navigation Support**

We help families to navigate the mental health and substance use system. To that end, the Supporting Families **Facilitator** is available to:

- Consult with and provide clinical follow up with families who are in crisis, including:
  - Meeting with them and connecting them with services.
  - Following up with parents regarding hospitalization and or supporting families who feel they are falling between the cracks to help them develop a plan of support.
  - Providing limited one-on-one support while linking families to additional services.
- Provide consultation services to MCFD social workers (related to situations involving families where presenting concerns are a parent’s mental health).
- Provide consultation services to Adult Mental Health Team and the Child and Adolescence Psychiatry Program (where parental mental health is impacting the child, might include development of safety plans or crisis management plans for the family).

## BACKGROUND AND CONTEXT

Those of us who support families impacted by parental mental illness and/or problematic substance use issues (MHSU) know all too well that individual family members – as well as families as a whole – can easily fall through the cracks in our system of care. We have to constantly seek new ways of practice to ensure that these families remain visible so that their needs are identified and addressed. Importantly, we need to be able to see and support these families before they end up in crisis.

Successful collaborative practice acknowledges the role of the family and involves them in developing shared goals and outcomes.

Mental health challenges and problematic substance use are whole-family issues. We know that children notice and worry about these issues and that such issues can sometimes place children at greater risk of abuse, neglect and emotional and behavioural problems. We also know how overwhelming it can be for parents to deal with the combination of the normal stresses of parenting as well as the direct effects of mental illness and/or problematic substance use. Parents

also worry about the secondary effects of such issues on the lives of their children. We know that families want safe places to share their struggles, to access resources and to develop the sense of community that bolsters well-being and resilience. Yet shame, stigma and services that fail to recognize the reality of families' lives frequently leave parents and children unable to reach out for and access the supports and services that they need.

**When parents and children are unable to reach out, service providers need to reach in.** To do this we need a family-centred approach that starts by acknowledging that parenting with mental illness and problematic substance use is not rare; it is a part of everyday life for a significant proportion of the people we work with. We need to become respectfully curious and comfortable with asking families about their experiences of parenting or being parented in the face of these challenges. We need to get to know service users in the ways that they wish to be known in order to plan effective interventions that attend to their specific circumstances.

We have found that adopting a family-centred approach shifts practice in a number of important ways:

- Switches the focus from pathology to a family's strengths, with interventions that promote mental health, sustain families and promote inclusion.
- Raises the awareness of front-line workers that people living with a mental illness are parents and their views on the resources they need are essential.
- Acknowledges that parents are doing the best they can and sees families as sources of potentially supportive relationships.
- Reinforces that parents are knowledgeable and informed about their family's daily life and needs.
- Supports parents to understand their mental health problems, their treatment plan, and the potential impacts mental illness can have on their parenting.
- Helps parents talk with their children in age-appropriate ways so the child can understand what is happening to their parent and can get support from Richmond Supporting Families to access more information.

What makes the Richmond model unique is that the program was developed entirely from what families told us they needed and how they could best be supported. We have learned that the best approach is

to “screen in” rather than “screen out” those families that often fall between the cracks in our system because they do not fit the criteria for services. There is no diagnosis needed to access services through the Supporting Families Program. All that is required is an acknowledgment (by anyone) that a child is being impacted by a parent’s MHSU and that support will enhance the well-being of the whole family. From that, Supporting Families finds a way to match appropriate support to the family from the program’s various offerings.

We have also come to know, first hand, that collaborative practice is essential to providing proactive, community-based and family-focused services that meet the needs of families affected by parental mental illness and/or substance misuse.

Most importantly, we now understand the importance of viewing parental mental illness and substance misuse through a family lens. Mental health and substance use challenges should not be framed as individual problems, to be carried alone by the silently worrying child, the struggling parent or the professional trying to get past their own and the service user’s fears about disclosure. Given that most parents and children see themselves as operating within the context of their families, it only makes sense for services to treat them that way.

This manual was written to document what we have learned from the families that we serve when we listen deeply to what they tell us about their circumstances and needs. With this manual, we hope to share our experiences, challenges and successes of developing the **Richmond Supporting Families Program** with other communities that may benefit from a similar approach. We recognize that just as each family we support has unique and specific needs, each community is unique and has its own culture, processes, and capacity. The manual provides an overview of what we have found helpful, what we have struggled with and what we are still striving to do.



The material in this manual:

- Reflects the lived experience and voices of kids, youth and families who have been engaged by Richmond Supporting Families Program, as well as community members and group leaders from the Richmond Supporting Families Program;
- References the history, evolution and evaluation of the Richmond Supporting Families Program;
- Provides insights, based on our experience, into the nature of collaborative practice as a whole, while it describes specific processes that have unfolded for us in our specific community.

This manual is available online at [www.supportingfamilies.ca](http://www.supportingfamilies.ca). Other materials available on the website:

- Richmond Supporting Families Program: Our Stories
- Richmond Supporting Families Program: Guides and Handouts for Group Leaders

## GUIDING PRINCIPLES



**In the Richmond Supporting Families program, our practice is based first and foremost on our love of children and families.** Our work is further supported by the following set of guiding principles.

### **Family-Driven and Family Centred:**

Families, recognized as the experts in their own lives, are the backbone and the focus of our program. We tailor our offerings to the specific needs of parents and children, their circumstances, and their responsibilities.

### **Attachment:**

We believe that attachment is fundamental for healthy child development. In addition to attaching to their primary caregivers, children can also attach to other people, pets and objects. Understanding that every child needs at least one strong caring adult to attach to, we work to foster that attachment within the families that we serve. In our own working relationships with one another we model, support and teach our families the importance of attachment and how to foster it within their family unit.

### **Interconnected and Relational:**

In our work, everything is viewed through the lens of relationships and connectedness – between parents, children, peers, practitioners, service providers, volunteers and the broader community. Our mutual relationships are based on respect, trust and the knowledge that we all bring valuable ideas and experiences to our efforts.

### **Strengths-Based and Hopeful:**

Our program inspires hope and encourages expectations for improvement and change. We look for what parents and children do well despite problems and build upon what family members identify as their strengths and capacities.

### **Collaborative and Coordinated**

Our program's success is dependent upon the formation of multi-agency and multidisciplinary partnerships that are collaborative and coordinated. In this time of scarce resources, our program builds upon the current strengths of practitioners, professionals, and community organizations.

### **Diverse and Accessible:**

We understand, appreciate and respect individual and family diversity just as our program represents the diversity of Richmond. We “screen in” rather than “screen out.” Referrals are accepted directly from

parents, family members, healthcare providers, MCFD, schools, community agencies, as well as self-referrals. We provide transportation and language assistance whenever possible.

**Learning Focused and Flexible:**

We learn from our families and our collaborators and maintain an environment of flexibility to adapt to family and community needs. We emphasize community education, reflective practice and continuous quality improvement of the program and its activities through evaluation.

## **DEVELOPING A SUPPORTING FAMILIES PROGRAM FRAMEWORK**

Over the past fifteen years, practitioners in Richmond have worked together to develop the family-centred, community-based and collaborative program model that now serves families impacted by parental mental illness and/or addiction. Our original efforts stemmed from work initiated at the provincial level by the Working Group on Supporting Families with Parental Mental Illness, and in particular from two

“We all own this program as we have all built it.”  
(Community Table Member)

workshops facilitated by that Working Group that were held in November 2000 and February 2001. Those workshops introduced a process and materials to assist communities to move towards best practices in integrated community planning to support families impacted by parental mental illness. This manual sets out the process that – inspired by the energy generated by the Provincial Working Group work – resulted in the creation of the Richmond Supporting Families Program.

Our experience in Richmond is best described as a five-step process:

- Step One:** Create a Collaborative Structure that Works for Your Community
- Step Two:** Consult with Families
- Step Three:** Review Consultation Findings to Identify Community Needs & Strengths
- Step Four:** Collaborate with Families & Community Partners to Design & Deliver Program Activities
- Step Five:** Improve Program Offerings Based on Feedback by Families

Although the steps are presented in numbered order, we recommend viewing the work as more cyclical than linear. It’s absolutely essential, in our experience, that close consideration and involvement of families is crucial to each and every step.

## Step One: Create a Collaborative Structure that Works for Your Community

We recognize that each community is unique and has its own culture, processes, and capacity. Any community attempting to establish a Supporting Families program will want to create the collaborative structure that works best for its circumstances.

### Creating a Collaborative Structure in Richmond

In 2005, prompted by the work being done by the Provincial Working Group on Supporting Families with Parental Mental Illness, VCH issued a general call for professionals from all potential referring and service provider agencies in Richmond to come together. The purpose of the call was to initiate support services for families impacted by parental mental illness or substance misuse. Over 20 people attended each of the first few meetings of the **Richmond Community Table**, including representatives from community agencies (including contracted MCFD agencies and non-profits), RCMP, the school district (school counselors), Health Authority, (adult mental health team and youth mental health team), a local recovery house, and the City of Richmond.



The Richmond Community Table engaged in a number of activities between 2005 and 2008, including hosting a Supporting Families with Parental Mental Illness Conference in January 2006. However, the **Richmond Supporting Families** model really began to coalesce in 2008 when funding from MCFD and VCH enabled the hiring of a **Facilitator** to work closely with the Community Table and its member agencies to develop services specifically for children and families experiencing mental health and substance use challenges.

The Facilitator plays a key role in the work and the success of the program. In addition to providing consultation services and leading some of the program offerings, the Facilitator chairs the Community Table and coordinates decision-making for the program. The Facilitator also acts as liaison between the Table and the Director of Mental Health Services (VCH Richmond) and the Community Service Manager from MCFD in Richmond. **See Appendix "A" Job Description Facilitator Position.** In Richmond, the Facilitator is supported by the Supporting Families Coordinator. **See Appendix "B" Job Description Coordinator Position.**

As an entity, the Community Table provides direction on all issues related to the program. Currently, there is no formal governance structure for Supporting Families, although ultimate accountability falls to MCFD and VCH as funders of the Facilitator role. Decisions about the program – its offerings and its operations – are made at the Community Table. To date, making decisions through discussion and collaborative consensus has been successful. The Community Table meets once a month.

Currently, the Richmond Community Table is made up of **Member Agencies**. Some agencies provide funding for the program and/or apply for grants to contribute funding. Other agencies provide in-kind staff, space for groups/activities, supplies and other resources. Some agencies supply both funding and in-kind contributions, while other agencies provide knowledge and guidance rather than in-kind or dollar support. Where agencies provide staff, their staff representatives are insured, employed and governed by the policies and procedures of their home agencies. Families are represented at the Table through participation of agencies that focus on consumer and family advocacy.

All members of the Community Table share the work of running the program, variously taking responsibility for:

- Organizing and facilitating groups.
- Planning and running events.
- Making presentations about Supporting Families to other organizations, agencies, schools, civic institutions, conferences in order to raise awareness about issues related to parental MHSU and to introduce the Supporting Families approach.
- Handling financial matters, including applying for or supporting grant funding applications.
- Recruiting, screening and training volunteers, Group Leaders.
- Recruiting volunteers and identifying other community supports/resources that can be leveraged to support the program.
- Assisting with annual program evaluation efforts.



Volunteers from the community at large also play a role in the Supporting Families program, helping to cook, serve, entertain children and families during, for example, Family Fun Nights. Youth volunteers have either come through the Youth Groups or been recommended by community partners. Additionally, practicum students from various educational programs help facilitate groups.

### **How We Fund Our Program in Richmond**

The main expense associated with running the Supporting Families Program is the cost of the Facilitator (.5 FTE) which is covered each fiscal year by joint funding from VCH and MCFD.

The other components of the program that require budget throughout each operating year are:

- A part-time Co-ordinator position (12 hours per week) to assist with organizational tasks and help oversee the many groups.
- Program-related expenses (food, transportation, activities, supplies, etc. for groups and other program events/activities including Super Groups, Community Education Evenings).
- Clinical supervision for Group Leaders.
- Administration (stationary, fax, website administration, brochure printing etc.)
- Annual training for group leaders.
- Volunteer recognition.

Although VCH provided some funding for supplies and other program needs in the early years, since 2012 the majority of funding for the program has come from grant funding applied for and awarded to one of the program's member agencies – Richmond Addiction Services Society (RASS). RASS has set up and administers the purchasing system for Richmond Supporting Families. Over the years, other member agencies have also applied for and received grant dollars.

Despite limited annualized secure funding, Richmond Supporting Families has been successful in securing community resources to support the program's special outings or events. For example, the Facilitator has in the past reached out to Richmond businesses and other organizations (such as the Richmond

Rotary Club) to ask for donations of food, prizes, transportation, and other specific requests for the Christmas party or summer barbecue.

For families with complex needs, community itself is a large protective factor. We believe the community has both the responsibility and desire to support healthy families and Supporting Families looks for ways to provide that opportunity to the community. Other communities developing a similar program are encouraged to ask “who in our community can help make this happen and how?”

### **Some Things to Think About – Creating a Collaborative Structure**

- ✓ Decide upon the governance or organizational structure that will work best in your community (closely consider interest, available resources).
- ✓ If possible, find the funding to hire a Facilitator – having one person devoted (1/2 time) to developing and implementing the program has been a key success factor in Richmond.
- ✓ If forming a new body, table or committee, recruit people who have both a passion for the work and bring the range of knowledge and skill sets needed (clinical, organizational, financial, etc).
- ✓ Having members with knowledge of mental health and child protection services and policies is essential as is having representation from agencies that bring the voices of parents and others with lived experience of MHSU.
- ✓ Be sure to have a non-profit agency on board – as only non-profits can apply for grant funding.
- ✓ Have one agency take responsibility for screening volunteers (references and criminal record checks). In Richmond, VCH already has an established process for references and criminal record checks, so the **Facilitator** (contracted by VCH) manages the screening process. Volunteers are thus considered to be “volunteers” for VCH.
- ✓ Provide orientation and training for volunteers.



## Step Two: Consult with Families

Families are the experts in their own lives.

Thinking through a family-focused lens means actively placing families struggling with mental health or substance use challenges at the centre of all support planning and implementation. Consulting with children, parents and other family members to learn where they face barriers, where they feel invisible, and where they encounter stigma – is an important part of support planning. Just as important is finding out what is already working well for them and what other services they may need in order to feel supported and reach their wellness goals.

Although each community is encouraged to consult with families using the method that fits best with community capacity, where possible, **Focus Groups** are the recommended method. There are a variety of reasons for this recommendation. Focus groups are:

- Relatively easy to assemble.
- Flexible in terms of format and types of questions.
- Useful when working with groups with lower literacy levels (e.g., young children, people for whom English is a second language).
- Helpful in providing a lot of rich, in-depth data.
- Dynamic (participants are able to build on one another's responses).
- Able to provide non-verbal data (e.g., facial expressions or body language).
- Can explore processes in depth, not just outcomes.
- Can support findings obtained from other methods.
- Useful when exploring sensitive issues and can occasionally become a setting in which people can give and receive support.

### Recommended Process:

- 1) Strike a small working group to plan and implement the focus groups and hold a planning meeting to decide when and where to hold focus groups.
- 2) Decide who will lead the groups and how you will recruit participants.
- 3) Finalize a small number of questions that you will use to gather information from the focus group participants.
- 4) Develop consent forms, informational materials about the purpose and details of the proposed focus groups, and posters for recruiting participants.
- 5) Ask other agencies to help recruit participants and also post/circulate posters inviting families to take part.
- 6) Conduct the focus groups.
- 7) Ask participants to fill out a short evaluation of the focus group process.

### How We Consulted with Families in Richmond

The decision to hold focus groups to consult with families in Richmond was made by members of the Community Table who felt strongly that any services developed to support families needed to be based on support needs identified by families themselves. A small working group consisting of the Facilitator and several members of the Community Table invited Richmond families impacted by parental mental illness and/or substance misuse to attend one of the focus groups.

Focus groups took place over a number of evenings during November, 2009. One clinical practitioner led each of the individual focus groups, with each group being made up of approximately 8 persons. The focus group evenings started with families and focus group leaders sharing a meal, and then the children were settled in a different room with childcare and entertainment. Each focus group started off with the group leader providing a brief overview of the intended purpose of the evening and the broader purpose of the proposed Richmond Supporting Families program. Group discussions were recorded captured by either an audio recorder or a person taking detailed notes. The sessions were guided by two questions, with thirty minutes of discussion allocated to each. The questions were:

- What has worked for your family?
- What would you have liked to have been different?

Over the course of the consultation process, approximately 65 individuals participated (45 – 50 adults plus 15 children and youth). The focus groups were deemed a great success. Indeed, the information collected from families about their support experiences and needs was translated into what is now known as the Richmond Supporting Families Program.

### Some Things to Think About – Focus Groups

- ✓ Advertise the focus groups across your community. In addition to asking community agencies to promote the focus groups, hang posters in public spaces where families shop, attend programs, and seek services.
- ✓ If possible, it's a good idea to send the focus group interview questions to participants in advance of the session. This can give people some time to think about how they might respond.
- ✓ Choose a venue that families can easily access by walking or public transportation.
- ✓ Provide light snacks and beverages at focus groups.
- ✓ Provide childcare and child entertainment.
- ✓ If budget allows, offer a small honorarium or gift card to participants.
- ✓ Be sure the rooms where the focus groups are being held are comfortable – comfortable seating and room temperature is important. Try to arrange the room so that participants are sitting around a table or in a circle, so that they can all see each other.
- ✓ Ask participants to fill out a short evaluation of the focus group process to learn how to improve process.
- ✓ For more detailed guidance and templates related to planning and implementing focus groups visit the Ontario Centre of Excellence for Child and Youth Mental Health: [Focus Group Interviews: An Overview](#)



## Step Three: Review Consultation Findings to Identify Community Needs & Strengths



At this step in the process, you will want to make meaning of the data from your family focus groups. Part of this is identifying what is missing in the community to support families – which in turn will help you to figure out what program components should be developed.

It's important to synthesize the material so that it is understandable and actionable. The questions that your working group will ask of the data at this stage might include:

- What is the main message from families?
- What services do families need?
- What are the practical supports that families identify that they need?
- What is already working well for families?

It's equally important to get the synthesized information back to participants as soon as possible. You want to capitalize on the energy and commitment of the families who participated by showing them that they have been listened to and that their time and ideas matter.

### Recommended Process:

- 1) Have the notes and/or audio recordings from the focus group transcribed.
- 2) Synthesize or summarize notes or transcripts.
- 3) Reconvene families and agency partners to discuss consultation findings.
- 4) As a group, analyze findings, identify themes or trends.
- 5) Prioritize ideas for moving forward.

### What Richmond Did

After the focus groups in Richmond were completed, the recordings from each session were transcribed. The family consultation working group (chaired by the Facilitator) held a series of meetings to pour over the transcripts and draft a report on the findings. Subsequently, individuals and families who had participated in the focus groups were invited back to another event where the working group reported back on what they had heard. This provided the opportunity for families to confirm that their focus group contributions were being accurately reflected.

Some months later, after the working group had had a chance to review some of the best practice literature on supporting families affected by mental illness and substance misuse, the Facilitator presented the information from the Focus Groups to the Director of Mental Health Services for VCH, the Community Services Manager for the Ministry of Children and Family Development in Richmond and the Community Table. A collective decision was made to follow through on the recommendations that families had made and planning for the first group of the Richmond Supporting Families Program – the Resilient Kids Group – began.

## **Some Things to Think About – What Families in Richmond Told Us**

### **Feedback About the Needs of Children:**

- There was consistent feedback that children living with a parent with a mental illness need to talk, need support from others in the community and should not feel caught between their love for their parents, the parent's illness and their fear and confusion when their parent is ill.
- Children need someone to explain mental illness so that they aren't confused.
- A need for support groups for child and parent that are fun and activity based while also therapeutic.
- Children need breaks from parents and vice versa so Super Groups for children who have parents with an illness would be good.
- Children who have grown up with parents with a mental illness could perhaps be supported to mentor younger children.
- Children and parents need places to shine and do what they are good at – cooking, comedy, karaoke, events that celebrate the family.
- If a parent has a mental illness the child needs support – if the child has a mental illness the parent needs support. Support includes respite, home maker support and at times with daily management issues.

### **Feedback about Family Support Needs:**

- Parents felt they needed group facilitators (leaders) with knowledge and expertise in working with the dynamics between a mentally ill parent and their child/ren.
- There is a need for children to have adults to help them when their parent hasn't accepted or acknowledged their illness and is unwilling to get services. Children need someone to call who can answer their questions and give them accurate information. Parents are not always qualified or equipped to parent when things are going badly and children may witness their parent deteriorating and not know what to do.
- Mentoring programs are needed for children that aren't dependent on whether the family meets the criteria of being a single parent family; two parent families need support also. A broader criterion for qualifying for services could be having a parent with a mental illness.
- Support groups for family members, children, parents with mental illness are needed. Peer support for kids, support groups for kids facilitated by kids who have experienced living with parents with mental illness, Super Groups where kids get to be with other kids are all are needed.
- Practical skills group are needed (not story telling groups), which include building coping skills; parenting skills for raising healthy children and education-child care needed while parents attend groups.
- Families can become very isolated and parents may feel shame and hide. They need someone to visit them and check in as often during the most difficult times the parent won't go out.
- Practical support is needed when a parent becomes ill – for example – a homemaker to help with the house work, meals, school transportation and pick up, in emergency someone is needed to take charge of the home when the parent can't. This can particularly apply in the evening when families can fall apart and don't want to call the police.
- Immigrant groups need support; systems need to be culturally sensitive to the stigma and concerns within different cultural groups and education within the cultural groups.

## Step Four: Collaborate with Families & Community Partners to Design & Deliver Program Activities

The family members who participated in the Richmond focus groups were very clear – if they were going to take the time to tell the working group what they needed – then they wanted to see action taken to address those expressed needs. We listened, and we acted. All of the foundational offerings of the Richmond Supporting Families program were designed in direct response to the information gathered at the November 2009 focus groups.

“It is when we are faced with supporting and working with families with complex needs, that we as professionals need each other most.” (Rosalie Walls, Supporting Families Facilitator 2008 - 2014)

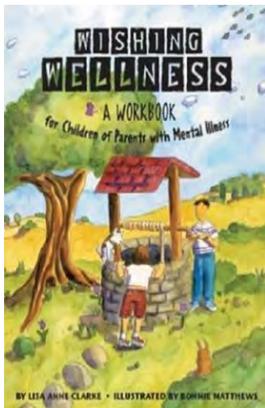
### Recommended Process:

Deciding what services or activities to start offering in your community should be based on what families have said they need.

- 1) Come up with one or two ideas that would be relatively easy to implement.
- 2) Identify common goals.
- 3) Define responsibilities and roles for implementing ideas and achieving goals.
- 4) Don't reinvent the wheel – look for existing program materials and leverage existing strengths
- 5) Just start!

### What Richmond Did

When the Richmond Community Table reconvened to follow through on the recommendations that families had made during the consultation process, members decided to offer a 10 week support group for children along with a parent group that would happen at the same time. In this way, both parents and children could learn at the same time and it would be convenient as parents would not require childcare. An agency in the community offered a neutral space that had a room that could be divided into two. It also had a kitchenette so children and parents could have a snack. As part of this inaugural effort in Richmond, MCFD and VCH Richmond provided staff to work with the Facilitator to plan the group and then act as Group Leaders. Each agency provided a Group Leader so in the end there were 2 leaders for the parent side and 4 for the kids. Snacks were organized, as were supplies and transportation where required. **See Appendix “C” Job Description Group Leader Position.**



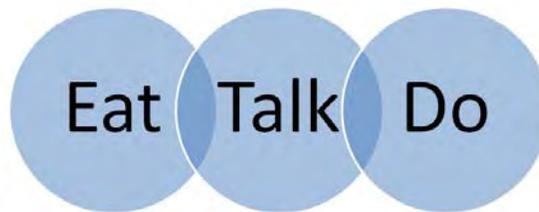
In order to develop this first **Resilient Kids (RK) Group** the Facilitator and Group Leaders – all of whom were experienced in running groups and working with families – looked for resources already available within VCH and MCFD that had been developed for families affected by parental mental illness and problematic substance use. The RK Group was modelled somewhat after the format of the British Columbia Schizophrenia Society *Kids in Control Group Group*, with materials for the curriculum drawn from *Wishing Wellness*, a workbook for children living with parental mental illness. The workbook is packed with information, interactive questions, and fun activities.

Richmond Supporting Families has since developed a continuum of groups and other offerings that provide on-going support for all family members. Like the Resilient Kids group, the

models for running the child and youth groups had their origin in pre-existing group and curriculum materials. Over the years, the curriculum for the RK Group and other offerings has been developed from other existing resources such as Mindful Parenting Groups, Connect Parent Group, Children of Parents with Mental Illness, Strengthening Families, Families Together, Early Psychosis Intervention Groups, Addiction Prevention Groups, Attachment Parenting Groups, Power-to Parent from Neufeld, and Explosive Child. **See Guides for Group Leaders on the Supporting Families website for more information about the various groups.**

Drawing upon existing resources is important, but so too is remaining open and flexible to changing and customizing curriculum. We learned early in our process that each group that we develop is unique and influenced both by the unique needs of the children registering, and the strengths and background of the Group Leader. For example, we used to do one RK Group for children spanning ages 8 – 13 as we had a smaller number of referrals and a limited number of group leaders. Over time we have consistently had enough group leaders and referrals to run separate groups for two different age groups simultaneously.

### Some Things to Think About – The Eat, Talk, Do Approach



The Eat, Talk, Do approach and philosophy underpins all of our youth programming.

**EAT.** Each session includes some sort of eating. Eating brings youth together, whether it's a full dinner or a snack. Traditionally we have had the youth provide feedback in order to make sure not only is the food yummy but also to open up conversation about nutritional health and wellness.

**TALK.** Each session has talking, a time in which we focus on a topic and connect. This can also look very different depending on the knowledge in the room. For older youth the intention is to provide not only some education about mental health, addiction but to explore and destigmatize the experiences they are having in their homes. Each group of youth has different needs and experiences which must be taken into consideration when planning for a group.

**DO.** Each session incorporates the idea of “doing”, whether that is an activity in the room or a recreational outing. At times our youth come straight from school to our group. As school is often a place where there is often a high level of structure, it is helpful to make the activities as interactional as possible.

**\*\*Important:** The **DO** can often be a huge piece of getting youth to buy into and engage in the group.

## Step Five: Continuous Quality Improvement Based on Feedback by Families

Evaluating how well your new program is serving families in your community requires that you both informally and systematically collect and review reliable information from families about practice outcomes. At a minimum, this should include gathering feedback from all family members about their experiences and satisfaction with the program. It's important to employ developmentally appropriate strategies for collecting feedback from children and youth.

### Recommended Process:

Assessing and evaluating program activities and outcomes of a program like Supporting Families is less about formal evaluation than it is about creating an open and comfortable environment where naturally arising conversations with parents, children and youth about how things are going are the norm.

- 1) Solicit in-the-moment (informal) feedback from children and parents informally and regularly.
- 2) Treat every group, event or activity as a clinical opportunity to learn more about what families need.
- 3) Do a more formal evaluation at the end of each multi-week group or program component – have parents and kids fill out a paper evaluation.
- 4) Hold an evaluation focus group with families once a year. Make it a fun evening of celebration, provide a meal if possible. Ideally, have a community member who has not provided services to families over the previous year conduct the focus group.
- 5) Bring evaluation results to Community Table.
- 6) Implement improvements and communicate back to families about improvements.

“From the evolution of it beginning to end, I’ve seen a lot of improvements made over time, changes made and adjusted to fit better and I’m glad the program will continue to adapt.”

(Youth, Participant in various Supporting Families groups)

### What Richmond Does

Since between 2008 and 2016 over two hundred families have participated in the various services developed and offered by Richmond Supporting Families.

Richmond developed and follows the evaluation process described above. The key to the process is to keep things simple. For example, as part of the once-a-year **evaluation focus groups**, parents are asked to answer a very short list of questions about their experiences with the program:

1. What programs have you participated in through your involvement with the Supporting Families Group?
2. What were your initial impressions of the Supporting Families Group?
3. What has been the benefit to you and your family from participating in the Supporting Families Group?
  - o What has worked for you through this experience?
  - o What do you see as success from participating?

- Do you feel that the group helped you and your child with family mental health or addictions concerns?
- 4. How do you feel the group members have contributed to the overall experience you have received by participating in the Supporting Families group?
- 5. Please comment on any topics, or improvements that could make the group more useful or supportive to your family.

### Some Things to Think About – Including Children in Evaluation

It's important to include children in the evaluation process, and just as important to utilize age-appropriate evaluation tools.

#### Resilient Kids Group Evaluation Form

What did you think of *Resilient Kids*?  
Please place an "X" under your response:

"I Liked it a Lot!" 	"I Liked it" 	"It was okay" 	"I did not like it" 	"I really did not like it!" 

Please tell us what you liked:

1. We want to know the top 5 things you liked or enjoyed
2. Please list your answers in the fingers provided



## FINAL THOUGHTS

The Richmond Supporting Families program is a strong example of a paradigm shift that has moved from viewing families as the passive receivers of services to viewing them as partners in the development, implementation, and evaluation of services.

We can't stress enough the importance of community engagement and partnership in the development and continued success of Supporting Families. As families' needs become more complex and involve mental health, substance misuse and child safety concerns, it becomes increasingly important for service providers to collaborate. No one service provider can address the complexity of these intersecting issues and the needs of a family experiencing these concerns. We have found that supporting a family to find help that is appropriate is a strong part of building trust. Complex family situations require a clinical

understanding of many areas of practice and it is helpful to have a strong, collaborative team with many areas of clinical expertise to address the complex needs. A rule of good practice is to involve the family in finding the services, sign confidentiality forms which address the need for collaboration and ensure that communication between service providers is ongoing.

The safety and wellbeing of children are the responsibility of all service providers, crossing all aspects of the service delivery system. As many parents with mental illness are reliant on the service delivery system for support, workers often will notice when a parent's mental health is fragile or the likelihood of relapse high. When children are involved, connections between the parent and service providers can prevent the family from falling between the cracks. Strong indicators of these times are when a family's stress increases (e.g. birth of a child, loss of a job, death in the family). When family members start to pull away from services it is often a time that service providers need to check in with each other the most to ensure the family is connected to supports and to ensure that they don't become invisible. Children are often the first voice of how a parent is coping and when mental health concerns start to surface. Youth, when familiar with their parent's service providers, will reach out to check in regarding behaviour changes they see in their parent.

To build collaborative practice Richmond Supporting Families has developed a strong relationship with school counselors, early childhood educators and early childhood mental health programs, to ensure that connections can be made to services that will keep the family visible and connected to the service system. Group leaders come from many fields of service delivery including child protection and a variety of adult health and mental health services. Every parent is informed that we work collaboratively with many service providers including Child Protection, as most frequently this is the service most families are fearful of. Making the involvement and collaboration visible at the beginning of any group or meeting provides the opportunity for families to ask questions.

With Richmond Supporting Families involving many service providers, understanding our own services and where the "silos" of service delivery works against families is important. The involvement of workers from the mental health field, the addiction field and the child protection field provides a means for thinking through complex family situations and helping the family to not feel "screened out" or that "the child snatchers" will come. The involvement of child protection in facilitating groups and volunteering at Family Fun Night has provided a view to the families of MCFD being "human" and available to provide support services when families most need them. Richmond Supporting Families does not screen referrals so having the expertise of many service sectors is very helpful when developing curriculum and behavioural management strategies for the children and parents group.

Policies supporting collaboration between service providers on any situation involving the safety of vulnerable children are in place provincially. We all have a duty to ensure tragedies are prevented. Provincial policies ensure that any worker who is sharing information to ensure safety of family members is protected. We have an opportunity in this work to talk briefly about information sharing. Proactive, transparent information sharing from the outset is key in our Supporting Families' work. Families are aware of which agency the group leaders belong to, including MCFD. All information sharing is grounded in the philosophy (and articulated to families) that when we share information with each other and across agencies it is to get the best help possible for the families and children and to do so we consult with our colleagues who can better help us support them.

Thoughtful, respectful and client-focused collaboration between service providers ensures that all family members are visible especially children who can easily be overlooked. Families have frequently stated that they expect professionals to share information; they would like to be informed but find it cumbersome to have to repeatedly tell their story. Each service sector has unique challenges and expertise and in working collaboratively, the family is more likely to find services that fit their unique needs.

## **JUST START**

The idea of creating a program such as Supporting Families might seem quite daunting. The best thing to do really is – just start! One champion or advocate can start the conversation and catalyze community interest. Our experience was that the need for the type of services that we developed was already known and documented for our community – it was a matter of moving forward to connect with other interested agencies and make something happen.

There is no right or wrong way to use this manual – it is meant simply as a guide for implementing a collaborative program that supports families with parental mental illness and problematic substance use. This is an overview of what we did in our community (Richmond). Our approach should be modified to best reflect the population/community served.

As previously stated we borrow from multiple sources to design and facilitate our groups. There are a lot of amazing people out there with wonderful ideas about how to connect, engage, and support families. We strongly recommend that you start with existing knowledge and resources to help shape your work – you can always adjust it to meet the unique needs of the families that you will work with. The Supporting Families program started out with just the Resilient Kids and Parent Group (in tandem) and has now grown over the years to multiple groups offered multiple times a year. That only happened because we made the commitment to “just start” and have remained open to learning as we have gone along.

You can't know what challenges lie ahead as you create your own program and there may very well be missteps along the way, but as we did, you will learn from them. Trust that you and your community have everything that you need to support the whole family, keep moving forward and you will be able to create a program that meets the needs of families affected by mental health and/or substance use issues.

Every day we, as service providers, ask our families, children, parents to step outside of their comfort zone and face their challenges. Starting a program like Supporting Families meant that we had to do the same thing. We stepped outside of our own professional and organizational comfort zones so that we could meet families exactly where they are at, learn what they most need from us, and then deliver on it.

Resiliency is at the very core of Supporting Families. We teach resiliency to our children, parents and families, and so we have an obligation to model it. As one of our very insightful youth said - “resilience is the strength to move forward even if you can't see what is coming.”

## **OTHER SUPPORTING FAMILIES PROGRAM RESOURCES**

In order to better support other communities contemplating development of a Supporting Families program, additional program-related resources can be found on the Richmond Supporting Families website at [www.supportingfamilies.ca](http://www.supportingfamilies.ca)

- Richmond Supporting Families Program: Our Stories
- Richmond Supporting Families Program: Guides and Handouts for Group Leaders

## **APPENDIX A: JOB DESCRIPTION FACILITATOR POSITION**

### **JOB SUMMARY:**

This position is to provide facilitation for Richmond's Supporting Families Program. The ideal candidate would have a background in both mental health and child welfare and understand both through a strengths-based and family-centred lens. The Facilitator will work in a variety of roles including providing supervision, administration of the program, providing community consultation and working collaboratively with a community table. The supervision involves organizing, overseeing and providing clinical consultation on an as-needed basis to a multidisciplinary team of group leaders who work in various agencies and organizations in the Richmond Community that provide services to children and youth.

The Facilitator should have a background in family and group work as they will at different times provide child, youth and parents groups and direct services to families where a parent has a mental illness or an addiction concern. Clinical knowledge of family systems, child protection, child development, mental health and addictions is required, as is the ability to work as part of a team.

### **DUTIES:**

Duties include managing all of the services provided by Supporting Families which includes clinical work, administrative duties, assisting as part of a research team, good organizational skills, organizing and running groups for children and parents in partnership with community members, attending interdisciplinary clinical/case conferences, identifying applicable community resources for clients and facilitating strengths-based services to children and family. Applicants have to enjoy children and families and be disciplined at working as an independent contractor. The Facilitator should be comfortable working not only as a highly skilled professional providing consultation to psychiatrists and child protection social workers when families are falling between the cracks in our service delivery system but also at the grass roots level providing direct services which can include cooking meals for family fun night, organizing arts and crafts events for children and providing direct services that a family needs. The Facilitator will also be expected to participate in presentations on Supporting Families at conferences and universities.

The Supporting Families Facilitator is available to provide consultation with MCFD social workers on situations involving families where presenting concerns are a parent's mental health or problematic substance use issues. Additionally the Facilitator consults with both the Adult Mental Health Team and the Child and Adolescence Psychiatry Program where parental mental health is impacting the child, at times these consultations also consist of developing Ulysses Agreements and Crisis Management Plans for the family. The Facilitator is available to consult with and provide clinical follow up with families who are in crisis including meeting with them and hooking them up with services, follow up with parents re hospitalization and or support families who feel they are falling between the cracks to develop a plan of support and provide limited 1:1 support while linking them to additional services. This may consist of in home visits and/or attending appointments with school and other professionals involved with their child. The Facilitator has an "open door" policy with all Group Leaders and Table Members to discuss and consult on any issues related to the Supporting Families and/or their own individual clinical caseloads.

**QUALIFICATIONS:**

Bachelor or Masters of Social Work, Masters of Child and Youth Care, or masters in human service field with experience working with mental health and child protection and family systems. Eligible for registration with the licensing body of their professional discipline. Safe driving record.

Demonstrated ability to adjust to new or unexpected events. Demonstrated ability to deal effectively with conflict situations. Demonstrated ability to work collaboratively as a member of an interdisciplinary team. Good organizational skills. Physical ability to fully engage with children in active play and recreational activities. Good computer literacy. Car required for job.

**SKILLS REQUIRED:**

Strong communicate skills both verbally and in writing, understanding of child development and ability to work with children and adults, families, community members, other groups and community agency personnel. Demonstrated ability to adjust to new or unexpected events. Demonstrated ability to deal effectively with conflict situations. Demonstrated ability to work collaboratively as a member of an interdisciplinary team. Good organizational skill. Physical ability to fully engage with children in active play and recreational activities. Good computer literacy. Mandarin, Cantonese speaking an asset.

**IMPORTANT QUALITIES OF FACILITATOR:****Respect**

- Recognize each individual and his / her right to be heard.
- Believe in everyone's ability to grow and change.
- Value and acknowledge each person's strengths.
- Encourage the full expression of ideas.
- Honour everyone's right to make choices.
- Value each person's right to their own perspective.

**Genuine**

- Be aware of and take responsibility for their own feelings, values, thoughts and unresolved issues, and recognize the impact these have on others.
- Be consistent between the expression of their thoughts and feelings and the way you behave or act.
- Remain open to positions that differ from their own.
- Be aware of and work within their own limits – set clear personal boundaries.

**Positive attitude/Loves Children, Youth and Families**

- Accept each individual as valuable in his or her own right.
- Trust in the ability of each individual to discover his or her own solutions to problems.
- Recognize individual strengths and efforts to change,
- Focus on the individual, not the behaviour.
- Provide feedback that focuses on observations rather than judgments.

## **APPENDIX B: JOB DESCRIPTION COORDINATOR POSITION**

### **JOB SUMMARY:**

This is a contract position working with the Richmond community team to assist in providing child/youth groups and family-centred services where a parent has a mental illness/problematic substance use concern. Clinical knowledge of family systems, child protection, child development, mental health and addictions is required. Team work and the ability to apply a family and community-centred lens is required. Duties include clinical work, administrative duties, assisting a research team, organizational skills, coordinating groups for children and parents in partnership with others, interdisciplinary clinical/case conferences, identifying community resources for clients and facilitating strength based services to families.

Applicants must enjoy children/families and be comfortable and disciplined at working as an independent contractor.

Up to 48 hours a month, some flexibility, some mornings and evenings and Friday nights every other month

### **QUALIFICATIONS:**

Bachelor or masters in the human service field with experience working with mental health and child protection and family systems. Eligible for registration with the licensing body of a professional discipline.

### **SKILLS REQUIRED:**

Strong communication skills both verbally and in writing with children and adults, families, community members, other groups and community agency personnel. Demonstrated ability to adjust to new or unexpected events. Demonstrated ability to deal effectively with conflict situations. Demonstrated ability to work collaboratively as a member of an interdisciplinary team. Good organizational skills. Physical ability to fully engage with children in active play and recreational activities. Good computer literacy. Automobile required. Mandarin, and Cantonese languages an asset.

### **IMPORTANT QUALITIES OF COORDINATOR:**

#### **Respect**

- Recognize each individual and his / her right to be heard.
- Believe in everyone's ability to grow and change.
- Value and acknowledge each person's strengths.
- Encourage the full expression of ideas.
- Honour everyone's right to make choices.
- Value each person's right to their own perspective.

#### **Genuine**

- Be aware of and take responsibility for their own feelings, values, thoughts and unresolved issues, and recognize the impact these have on others.

- Be consistent between the expression of their thoughts and feelings and the way you behave or act.
- Remain open to positions that differ from their own.
- Be aware of and work within their own limits – set clear personal boundaries.

**Positive attitude/Loves Children, Youth and Families**

- Accept each individual as valuable in his or her own right.
- Trust in the ability of each individual to discover his or her own solutions to problems.
- Recognize individual strengths and efforts to change,
- Focus on the individual, not the behaviour.
- Provide feedback that focuses on observations rather than judgments.

## **APPENDIX C: JOB DESCRIPTION GROUP LEADER POSITION**

### **JOB SUMMARY:**

The Group Leader's primary responsibility is to develop, implement, deliver, and evaluate programming for parents, children and youth affected by parental mental illness and addiction. The main goal of the Group Leader is to draw out knowledge and insight from other group members. A Group Leader will use different skills, tools, exercises and natural abilities to keep a group moving smoothly.

### **MAIN RESPONSIBILITIES:**

- Coordinate weekly activity, discussion topic, food option, and transportation needs for group members.
- Make sure that everyone in the group has a chance to have their ideas and feelings expressed.
- Keep the group moving in a direction that produces results without rushing the group (the result may be a decision, a plan, a proposal, or a brainstorm).
- Maintain a safe and respectful group environment where the group has taken ownership of what safety and respect mean to them.
- Provide a positive environment for child/parent/youth to encourage full participation, and role model positive behaviours.
- Increase awareness of mental health and addiction and how it impacts family.
- Transportation to and from group when needed (Group Leaders need to provide a Driver's Abstract that shows safe driving and a copy of proper insurance coverage).
- In some circumstances, Group Leaders will also manage the youth in their groups by providing follow up/reminder calls/texts or connecting youth to other services (usually the role of the coordinator).

### **IMPORTANT QUALITIES OF GROUP LEADERS:**

- Someone who loves children/youth and working with them.
- Someone who understands that when the child shows up to group, they need to know that they just "made the group leader's day" just by being there.
- Someone who understands that it is their primary and professional responsibility to make sure that the group/activity/day is successful for the child/youth.
- Someone who is flexible and ready to respond to the unique needs children and youth bring to group each week and how those needs can change the predetermined plan of what would occur that session.

### **In a group that is well facilitated, each group member:**

- Is the expert of his or her own experience.
- Is equal to all the other group participants and the facilitator.
- A well-facilitated group creates a wonderful flow of ideas and experiences amongst all of the group members. There are some qualities we have come to look for within Group Leaders.
- Each group has Group Leaders who are clinically trained in mental health, substance misuse and knowledgeable of child protections.

## **Group Leaders are able to show and model:**

### **Respect**

- Recognize each individual and his / her right to be heard.
- Believe in everyone's ability to grow and change.
- Value and acknowledge each person's strengths.
- Encourage the full expression of ideas.
- Honour everyone's right to make choices.
- Value each person's right to their own perspective.

### **Genuine**

- Be aware of and take responsibility for their own feelings, values, thoughts and unresolved issues, and recognize the impact these have on others.
- Be consistent between the expression of their thoughts and feelings and the way you behave or act.
- Remain open to positions that differ from their own.
- Be aware of and able to work within his or her limits – be able to set clear personal boundaries.

### **Positive attitude/Loves Children, Youth and Families**

- Accept each individual as valuable in his or her own right.
- Trust in the ability of each individual to discover his or her own solutions to problems.
- Recognize individual strengths and efforts to change.
- Focus on the individual, not the behaviour.
- Provide feedback that focuses on observations rather than judgments.