

The Importance of Family Centred Care

QUICK FACTS

Family-centred approach is a help giving practice that is recognized as a key strategy for working with children and their families.²

The involvement of individuals and their families with mental health challenges is an integral part of the Mental Health Commission of Canada's strategy to improve mental health in the nation.¹

To develop a high-quality, safe children's mental health system, a participatory family-centred approach that is integrated into policy and practice is essential.²

FCC is considered best practice in child and youth mental health and in other fields such as early childhood intervention, family support programs, developmental disabilities, hospitals, medical practices, and pediatric care.^{2,3,8,11}

In 2012 the Mental Health Commission of Canada revealed their strategy for mental health reform.¹ One of the core directions presented in this strategy was to focus on recovery and well-being by actively involving children and families in making decisions regarding their mental health.¹ For children and youth mental health, this points towards a Family-Centred Care (FCC) model.

FCC is a standard of care that can be considered best practice in children's mental health care.² Families are viewed as a key part of the solution rather than the problem and have a central role in all levels of service.² As a model of service delivery, FCC is focused on partnering with families to deliver services in a manner that: (a) emphasizes strengths; (b) honors families values and choices; and (c) treats families with dignity and respect.^{3,4}

FCC views families as the *experts of their own lives*.² It recognizes that when working with families, **how** interventions are delivered are just as important as **what** is being provided.³ Though there are multiple terminologies associated with FCC (i.e., family-centred care, family-centred service, family-centred practice, wrap around, recovery),² the main principles remain:

1. Place the clients and their family at the centre of every care decision^{2,5}
2. Provide care that is focused on the persons as individuals, rather than the diseases, in the context of their family and community^{2,5}
3. Consider clients and their families as experts on their own needs and values^{2,5}
4. Enable clients (and their families) to be active participants in the decision-making around their own (or their family member's) care^{2,5}
5. Develop a truly collaborative relationship or partnership between health professionals and patients and their families that is based on mutual respect^{2,5}

Family-centred and Professionally-centred Care

Mental health services for children and youth have historically been driven from a professional-centred model.^{2,6,7,8} This model is associated with being expert-dependent, deficit-based, and pathologizing—families have problems that need to be treated by professionals.^{6,9} This approach can leave family members feeling excluded from supporting their child, experience a lack of support from service providers, and believe that they have to be in crisis in order to receive adequate mental health services.¹⁰ In contrast, FCC is a capacity-building approach that considers children and families as having strengths and assets, and is focused on enabling and empowering families.^{5,6}

The contrast between professional-centred and family-centred can be described as being on a continuum of family involvement. This continuum is outlined below.

Professionally-centred model: Professionals are the experts who determine what the child and family needs and how to address those needs. Families are seen as deficient in solving their problem and are expected to depend upon the professional.^{4,13}

Family-allied model: Professionals view families as being able to implement interventions, but the needs of the child and family and the interventions are determined by the professionals.^{4,13}

Family-focused model: Professionals view families as having a capacity to choose among the various options presented to the family by professionals. Generally families are seen as still needing professionals for advice and guidance.^{4,13}

Family-centred model: Professionals view families as equal partners and practices are family-driven; families are the final decision makers. Intervention is individualised, flexible and responsive to the family-identified needs of each child and family. Intervention focuses on strengthening and supporting family functioning.^{4,13}



Benefits & Challenges

The benefits of FCC are well-established in research.^{3,4,14,18} In a meta-analysis, which examined the impact of 47 studies (roughly 11 000 participants), the researchers found that family-centred practice was related to (1) improved child behavior and functioning, (2) greater perception of the helpfulness of the support services, (3) beliefs of self-efficacy, and (4) greater family satisfaction.³ A summary of the benefits to the child and family and to the service level are provided in Table 1.

Benefits of Family-centred Care	
Benefits to child and family	Benefits at the service level
<ul style="list-style-type: none"> • Improved child and family management skills and function • Increased stability of living situation • Greater educational attainment • Enhanced medication compliance • Hastened recovery from mental illness and addiction • Decreased family/caregiver stress • Increased family/caregiver employment • Fewer contacts with law enforcement • Lowered risk of mortality from substance abuse and suicide • Increased child and family satisfaction • Improved health and well-being of the child and the family 	<ul style="list-style-type: none"> • Improved cost-effectiveness of services • More effective use of healthcare resources • Earlier access to services • Reduced reliance on healthcare services • Reduced out-of-home placement • Reduced rate of re-hospitalization or relapse • Improved quality of care or services • Increased professional satisfaction • Reduction of stigma through creating opportunities for dialogue

Table 1. Taken from MacKean et al. (2012), p. 68

Despite the established benefits of FCC and its precedence in other fields,¹¹ it is relatively unfamiliar to children's mental health.² There are multiple reasons that may serve as barriers to its implementation: (1) there is a *gap between research and practice*, though there is evidence supporting the approach, professionals may be less inclined for its implementation;^{4,16} (2) the *transition to adulthood* makes it difficult to facilitate collaboration with families due to its complexity with legislation and guidelines;² (3) it is difficult to *define family* given that family can be defined by its function (i.e. families can include foster parents, step-siblings, grandparents, etc.);² (4) balancing *privacy, confidentiality and sharing personal health information* is a complex issue with ongoing debate when considering FCC;²¹ (5) there is *stigma and blame towards children and families* with mental health challenges—often families are blamed for their children's problems;² (6) there is a *lack of effective training available*;⁴ (7) *traditional training of health professionals* do not emphasize collaboration with families;² and (8) *provider-driven or the medical model* has traditionally dominated the culture of health care, which emphasizes professionals as the experts, not families.²

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Practice Implications

FCC is composed of both relational and participatory help-giving practices.¹⁷ *Relational*, which refers to strategies associated with good clinical practice (warmth, active listening, empathy, authenticity) and validation of family strengths; while *participatory* refers to the intentional involvement of families in the process of service delivery.³ Despite participatory elements being more beneficial to families than just having relational elements, these models are uncommon.³ To be truly family-centred just being 'nice' is not enough,⁴ both relational and participatory elements should be included and families must be involved in all levels of service provision, from a systemic policy development, organizational strategy, and direct service.^{2,4} The following are suggestions for enabling FCC in child and youth mental health:

Strategies for systems and organizations

- Actively involve families in shaping policies regarding mental health services^{2,18,21}
- Examine best practices for family-based service delivery¹⁸
- Involve families in research and evaluation of systems of care^{19,20}
- Provide services that are flexible and responsive to the needs of the child and family²
- Address barriers to care²
- Develop educational resources for families¹⁸
- Involve family input in shaping how services are delivered

Strategies for service providers

- Involve families in collaborative interventions²
- Adopt a strengths-based approach for examining problems²
- Involve children and family in treatment planning; have family determine natural supports^{2,20}
- Ensure goals are reflective of the goals determined by the child and family²

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