

GROWING HEALTHY FAMILIES



**TOOLS FOR DEVELOPING
AN ORGANIZATION'S FAMILY
STRENGTHS-BASED SERVICES**

Developed by La Frontera Center, Inc.

With appreciation to
The Arizona Practice Improvement Collaborative
Coordinated by The University of Arizona School
of Public Administration & Policy

Funding provided by
Center for Substance Abuse Treatment,
Substance Abuse and Mental Health Services
Administration



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov



Project Director

Christine E. Miller, Ph.D.

Manual Authors

Jeamine Chapelle, Deborah Engler,
Christine E. Miller, Ph.D., Mary Straus

Pilot Test Reviewers

Nancy Bradley, Monica Davis,
Oscar C. Hinojosa, Betsy Leacock,
Carol Moreno, Staci Smith,
Jessica Stapp, Peter Tederous,
Tanya Tercero, Wendy Tinsley

Content Reviewers

Karen Chatfield, Pat Penn, Ph.D.,
Eric Schindler, Ph.D.

Editor

Karen Chatfield

Design/Layout

Lori Lieber Graphic Design

Administrative Assistant

Sherry Perkins

GROWING HEALTHY FAMILIES



TOOLS FOR DEVELOPING AN ORGANIZATION'S FAMILY STRENGTHS-BASED SERVICES

CONTENTS

Introduction	2
Using the Assessment	6
Family Strengths-Based Services	8
Assessment Instrument	
Organization	8
Service Delivery	10
Human Resources	12
Community	14
Family Strengths-Based Services	16
Action Planning Process	
References	18
Assessment Score Sheet	19

INTRODUCTION

The family has changed dramatically over the past 50 years. It is both praised and blamed for children’s behavior as well as the current state of society.

Many social service organizations work with families to improve their conditions, ranging from housing, to health, to emotional growth. This assessment is designed to assist organizations in their development of family strengths-based services that will empower family members to reach their greatest potential. Family, however defined, is the core of our social structure. To the extent that we strengthen this essential unit, we strengthen our society.

The term *family strengths-based practices* refers to the application of attitudes, values, and principles regarding family voice, access, and ownership in services that are available as resources to families. Family strengths-based practices address family not only as a unit of care (that is, the recipient of service) but also as integral in the development and provision of services. Family strengths-based practices involve paradigm shifts—from deficit and risk to strategies, strengths, and resources; from correction of fixed deficits to positive and creative adaptation along developmental lines; from experts and recipients to mutual collaboration and decision-making; from program to process.

The Growing Healthy Families assessment tool was developed by staff at La Frontera Center, Inc. La Frontera Center is a community-based behavioral health organization that was established in 1968 to provide a comprehensive array of behavioral health services to support underserved community members in Pima County, Arizona. La Frontera Center is committed to the provision of behavioral health services based on the ever-shifting needs and values of the communities it serves.

Values and principles that represent family strengths–based practices include

- Parent or other family representation in service development
- Centralization of family in the decision-making process regarding individual care plans of family members
- Individual service planning based on needs identified by the family rather than on service availability
- Family-centered rather than individual-centered practices
- Tailoring services on a “one family at a time” basis to address unique family cultures, values, and needs
- Framing plans in a solution- and strengths-based model that incorporates the unique culture, values, and strengths of individual families
- Comprehensive service plans that address success in life domains rather than specific deficits

Family strengths–based practices not only value the family as a unit of strength in the health of individuals but also the family’s assignment of meaning, its expertise, and its creativity. Collaboration is the guiding principle in the relationship between professional and family. In the most mature applications, family strengths–based practices are practices not only in service delivery but also in the governance and administration of the organization itself regarding its own members and community collaborators. This assessment instrument is designed to facilitate a discussion on several key questions regarding organizational change. What is the organization’s general state of readiness to adopt family strengths–based practices? What are the existing resources and capacities of the organization to implement the proposed changes? What are the gaps in resources and capacity that will impede the organization’s ability to implement the proposed changes? What are the implied and explicit values and expectations of the

proposed changes or innovations? How do these values mesh with the mission and style of the organization? Value clashes need to be identified and addressed. For example, the alcoholic family model typecasts members of the family that play a role in family dysfunction. Advocates of this model of family dynamics may clash with those favoring a family strengths-based model. Adequate and valid information describing the proposed change process and key dimensions of the new innovation must be presented to key implementers in a user-friendly way.

The change process includes critical events, mechanisms, and situations to facilitate the proposed change. A timeline must be established. A sense of obligation to change from either internal or external forces will propel the innovations. Pay attention to the sources of resistance. Could it be conflicting models of service, or licensing, or inertia that stand as barriers to change? And finally, what does the organization gain by making a change to a family strengths-based model of practice?

Once the assessment is completed, the next step is to consider change management and the development of a new “culture.” The success of an organization depends on consumer satisfaction and the usefulness of what was delivered. A major objective of the family strengths assessment is the identification of a need—a gap between “what is” and “what should be.” Once needs have been determined, an organization can begin restructuring, changing, and improving.

Evolving into a family strengths-based agency involves more than adding new programs to existing systems. It also includes making changes in personnel policies, art on the walls, training, and most important, in attitudes. Cultures are collective beliefs that in turn shape behavior. A culture of family strengths-based practice reflects an organization’s ethic regarding families, employees, and consumers alike, as partners and resources. Each organization that engages in this process will use different methods to

determine the most appropriate strategy. The outcome will hopefully be the same: positive regard for families and the strengths they offer.

The assessment instrument has been developed using five stages of family strengths-based practice, ranging from Stage 1 (family focus not evident) to Stage 5 (takes on advocacy role). These stages are applied to four broad categories within an organization: (1) organization, (2) service delivery, (3) human resources, and (4) community. Each of the four categories is divided into subcategories that include examples of behaviors, situations, or procedures that are representative of each stage of family strengths-based practice. The examples provided in each subcategory and stage are not meant to be exhaustive. They provide a framework for assessing family strengths-based practice in an organization.

The results of the assessment may be used to raise awareness, focus personal development, plan a training program, or make changes in how an organization does business. This instrument will assist organizations as they plan to implement or expand family strengths-based practices. The organizational change process is described in more detail at the end of the manual (see Action Planning Process).

Organizational change is a process that takes a great deal of focus and practice. For any organization that works with families, this manual serves as a first step in the process of growth and change. As these changes are implemented, families will be better served and the workplace will provide a more family-friendly environment.

USING THE ASSESSMENT

Before anyone fills out the assessment, the assessment administrator should explain that the intent of the instrument is to initiate a practice improvement process that will strengthen the organization's family services over time.

Staff should be reminded that the assessment tool is the first step toward organizational change. The action planning process, which follows completion of the assessment, lays the roadmap to be followed as the organization moves from one stage of development to the next. The stages illustrated in this assessment are not meant to grade organizations on their level of family strengths-based practice but rather to help staff identify the next, most logical step for practice planning and improvement. Stages should be reviewed and participants should be reminded that the statements under each category were developed to help the reader put specific meaning to each subcategory as it applies to the various stages.

The administrator of this assessment will walk participants through the first few subcategories within Section 1 – Organization. The instructions given will be, “Do you see this organization's family strengths-based practice as it applies to visual representation as being at a Stage 1, 2, 3, 4, or 5? Please use the illustrative statements as a guide for your assessment. If you see this organization as having no family-oriented visual representations such as posters or other artwork, please circle the illustrative statement under Stage 1 in the row labeled *Visual representation*. If this description does not match your perception, continue to the right until you identify a close match. Complete this section in the same manner until all subcategories have been given a rating.”

Once this section is completed, participants should score the section. For every statement circled in the Stage 1 column, participants will add 1 point. For every statement circled in Stage 2, participants will add 2 points. Stage 3 equals 3 points, and so on. Please note that because **only one rating is given to each subcategory**, the lowest score possible is 4 and the highest score possible for this section is 20.

The score for each section should be entered on the score sheet at the back of this manual. This process will continue until all four categories have been assessed and scored. Completed scoring forms should be submitted to the organization's family strengths committee to be tabulated and analyzed, and an overall family strengths-based services score determined. The committee will then use these scores to determine the current stage of development and to create an action plan for moving the organization toward the next developmental stage.





The organization sets the tone for the delivery of family services. If the organization has a family friendly environment, both staff and consumers of service feel welcome. The organization is responsible for setting policy and developing systems that will support the mission and vision. If the organization is driven by a mission, vision, and values that acknowledge families as resources, then family strengths-based services will be a byproduct.

ORGANIZATION

Aspects of organization addressed in the assessment include visual representation, inclusion and accessibility, mission/vision/values, and location of services. For each item listed in the left column, circle the statement in the corresponding row that best describes the existing organization.

STAGE 1

Family focus
not evident

STAGE 2

Beginning awareness
of family issues

**Visual
representation**

Lacks family images in art, posters, brochures

Uses representation of dominant culture and nuclear family only

**Inclusion and
accessibility**

Does not provide adequate space or family-friendly policies and procedures

Includes references to family in oral and written communication

**Mission,
vision, values**

Omits importance of family in mission, vision, and values

Mission, vision, values minimally include family

**Location
of services**

Does not provide safe location for families

Locates facilities along public transportation lines, with space to hold family services

STAGE 3

Commitment to change

Displays a variety of ethnic, gender, generational, single-parent family, gay family images in artwork

Commits to revise policies and procedures when needed, with input from families

Examines mission, vision, values for family inclusion

Develops plans to locate and provide family services in community-based locations (e.g., schools, community centers, churches)

STAGE 4

Family strengths-based practice

Routinely depicts diverse families engaged in positive activities

Addresses family needs in the design of its facility (i.e., hours, days, times)

Stresses the central role of family in mission, vision, values

Provides flexible services in environments relevant to the needs of individual families (e.g., home, park, church)

STAGE 5

Takes on advocacy role

Actively promotes diverse family representations in the form of art, photos, poetry in the local community

Shares “family commitment” policies with staff, participants, and community

Utilizes family as a resource to articulate mission, vision, values in the community

Publicly advocates for services to be provided in clinic, home, or community and environments that are relevant to the needs of families

2

Numerous methods and approaches are used when providing behavioral health services. Many of these methods include family in the delivery of service. Providing family strengths-based services means more than just working with families. It is a philosophy, a set of values, principles, and methods that utilize the family as a resource throughout the service delivery process, from entry/intake to the completion of services. Family strengths-based services for a therapist, preventionist, health care specialist, or other professional must take into account knowledge acquisition, attitude awareness, the professional's experience of his/her own family, the professional's family values, and the professional's definition of family.

SERVICE DELIVERY

The service delivery section of the assessment includes the competence areas of family focus in service provision, staff training and competence, staff documentation of services, program development, and cultural relevance to families. For each item listed in the left column, circle the statement in the corresponding row that best describes the organization's handling of the service delivery process.

	STAGE 1 Family focus not evident	STAGE 2 Beginning awareness of family issues
Family focus in service provision	Minimizes the importance of family involvement (goals mainly reflect opinions of staff)	Occasionally includes family in service planning
Staff training and competence	Does not address family issues in training	Recognizes the need for family strengths-based training
Staff documentation of services	Focuses on the individual exclusively	Paperwork reflects an occasional note on the family. Family assessment used for "special cases" only
Program development	Fails to address family needs in service design	Recognizes need to include family in assessing and designing services
Cultural relevance to families	Offers services that only reflect mainstream values and culture	Recognizes the need to incorporate cultural competence training

STAGE 3

Commitment to change

Recognizes the critical role of the family system and commits to revise practices to include families

Commits to revise training to include family systems and role of the family

Recognizes the need to revise paperwork with a family focus (i.e., family history, strengths, needs, and resources)

Considers families when designing services. Service planning includes input from persons who represent family-based values and needs either inside or outside of the organization

Develops training that addresses culture and the role of family

STAGE 4

Family strengths-based practice

Views the family as the unit of service. Gathers information on family strengths, abilities, interests, needs

Presents family strengths-based practice as a major focus of training

Documentation reflects a family focus, complete family history, family notes

Provides flexible needs- and values-driven services. Types of services determined by family being served.

Designs and delivers services with respect to culture of families served

STAGE 5

Takes on advocacy role

Involves families in organizational decision-making (e.g., serve on board or committee)

Includes families as trainers and co-facilitators

Advocates for paperwork systems to reflect a family focus

Consults with other organizations that want to offer family-based services

Promotes formal and informal family supports (e.g., extended family, coaches, ministers, neighbors)

3

A third key component of family strengths-based services in the organization is reflected in human resources activities. This component has a clear impact on staff. It also has an impact on consumers of services through the capacity of an organization to deliver services that are based on family strengths. The human resources component includes the full range of procedures associated with employing, training, retaining, and compensating staff. Human resources activities also reflect the family values of the organization as evidenced by the way it treats its employees as organizational family members.

HUMAN RESOURCES

Aspects of human resources addressed in the assessment include recruitment and selection, and family-centered personnel policies. For each item listed in the left column, circle the statement in the corresponding row that best describes the organization's human resources activities.

STAGE 1

Family focus
not evident

STAGE 2

Beginning awareness
of family issues

**Recruitment
and selection**

Does not look for
experience/skills in
working with families
when recruiting staff

Hires a few family
specialists rather than
training all staff in
family skills

**Family-
centered
personnel
policies**

Disregards family
considerations of staff
in personnel policies

Recognizes need to
develop more family-
friendly personnel
policies

STAGE 3

Commitment to change

Revises interview practices to identify candidates for family-strengths staff (e.g., creates committee to review recruitment and selection practices)

Reviews personnel policies with family-focused eye (e.g., using a broad definition of family)

STAGE 4

Family strengths-based practice

Recruits and retains family-focused staff

Has family-friendly benefits/resources such as childcare, flexible work schedules, health benefits for domestic partners

STAGE 5

Takes on advocacy role

Shares family-based staff recruitment and retention policies with other organizations

Advocates on behalf of family-friendly benefits and policies among peer organizations

4

A nonprofit organization is composed of staff, a Board of Directors, and often volunteers. The unpaid Board of Directors and other volunteers get involved with an organization from a desire to contribute to and participate in the vision and mission set forth. Some volunteers may have received services at the organization. This component looks at how the organization invites family members to participate at various levels of the organization. The community is composed of families who come in contact with the organization in a variety of ways. The organization's involvement in the community relative to family issues is a testament to its family-focused commitment.

COMMUNITY

The community section includes the areas of publications, political advocacy, volunteers, and community events. For each item listed in the left column, circle the statement in the corresponding row that best describes the organization's existing attitudes and activities.

STAGE 1

Family focus
not evident

STAGE 2

Beginning awareness
of family issues

Publications

Disseminates information that perpetuates myths or stereotypes regarding families

Occasionally includes pictures of family in materials

Political advocacy

Does not advocate on family issues

Recognizes the need for better social conditions for families

Volunteers

Discourages family members as volunteers

Occasionally recruits family members as volunteers

Community events

Excludes children from all planned events

Recognizes that some special events need to be inclusive of all family members

STAGE 3

Commitment to change

Makes commitment to review all materials for relevance to families

Monitors status of legislation that affects families and encourages involvement in the political process

Recognizes the value of family members as resources and seeks to recruit

Convenes committee to develop family-focused events

STAGE 4

Family strengths-based practice

Ensures all written and visual material is respectful of families

Creates various opportunities for families to participate in the political process

Creates organized volunteer opportunities for families

Creates a special events calendar that includes family-focused events

STAGE 5

Takes on advocacy role

Publishes materials on best practices with families

Takes public position on family issues (e.g., health care, pregnancy, HIV)

Collaborates with other organizations on volunteer projects

Partners in community events throughout the year that promote family strengths

ACTION PLANNING PROCESS

After the staff members have completed the assessment and the scores have been averaged, the organization will have an overall picture of the stage of development that exists relative to family strengths-based services. The next step is to develop a plan for action that will guide the organization as it progresses along the continuum of competence.

While small teams and departments may decide to develop an action plan to pursue team/departmental objectives, the organization's director may delegate the task of developing an organizational plan to a family strengths committee. This committee, made up of representatives from service delivery and administrative departments, can now begin to develop an action plan that will serve the organization for the next 12 months.

The organization's goal of becoming a family strengths-based organization will be driven by objectives and strategies that fall under the four major categories and subcategories evaluated in the assessment instrument. The action plan participants will identify current indicators, actions to be taken, indicators of success, person(s) responsible, and timelines. For example, assume that organization XYZ scored an average of 5–8 points in the area of organization. This would place XYZ's organization related to family strengths-based services in Stage 2 (beginning awareness of family issues). Action planning participants will then address the following questions:

- What currently exists in the organization's manner of visual representation that indicated it is at Stage 2 of family strengths-based services development?
- What currently exists in the organization's general feeling of its inclusion and accessibility that indicates it is at Stage 2 of family strengths-based services development?
- What currently exists with the organization's mission, vision, and values that indicates it is at Stage 2 of family strengths-based services development?

This process should be followed through the entire assessment to determine what is actually occurring in the organization. The information generated will establish the baseline (i.e., current indicators) that will be used to gauge future progress. Next, the action planning participants will generate a series of statements that describe where the organization would like to be on each of the indicators. These statements will comprise the indicators of success. Now the participants are ready to assign activities, responsibility, and a timeframe for completion of the steps toward success on each of the indicators.

The analysis and planning process will occur for each of the four primary evaluation categories (organization, service delivery, human resources, and community). Some organizations may want small groups to address one or more of the four categories. When each category has been analyzed and discussed, the action plan can be completed. As indicated above, the plan will list current indicators, actions, person(s) responsible, completion dates, and indicators of success.

After the action plan is finished, it should be shared with the organization's quality improvement committee, management staff, family advisory groups, service delivery staff, and Board of Directors. All key stakeholders will then have a stake in the success of the plan. The family strengths committee will monitor the progress of the actions to be taken throughout the year. Regular reporting to the quality improvement committee or other management group will enhance

SAMPLE PLAN

Action Plan for Improving Family Strengths-Based Services

Current Indicator	Action	Person(s) Responsible	Completion Date	Indicators of Success
Artwork depicts white, nuclear families only	Create subcommittee to diversify artwork	Facility Manager	2/2/03	Artwork depicts many types of families
Offices too small to accommodate families	Redesign selected offices to accommodate families	Clinical Director & Facility Manager	3/30/03	All service areas have offices for families
Family-friendly language used only occasionally in written materials	Review all literature, policies, brochures and add family-strengths language	Public Relations Coordinator & Supervisors	4/30/03	All documents include family strengths-based language
Mission, vision, and values mention family	Review and strengthen family focus in mission, vision, and values	Director, Board of Directors	6/1/03	Mission, vision, and values reflect family focus
All services provided at agency office	Begin in-home services	Clinical Director	8/15/03	In-home services in place

organizational interest and buy-in to the process. In 10 months, the committee should review the action plan, re-assess the organization, and create a new plan for the following year.

This action planning process is the roadmap to becoming a family strengths-based organization. Organizational change of this type requires commitment, patience, and a willingness to build upon many small successes. The creativity of staff and family members will demonstrate the uniqueness of each organization as it moves along the stages of development. The family strengths-based organization views the family as a resource. The potential for positive growth and change is limitless when family is considered a true partner of a service organization.

REFERENCES

- Addiction Technology Transfer Centers (attc) (2000). *The change book: A blueprint for technology transfer*. Rockville, MD: Center for Substance Abuse Treatment, SAMHSA, DHHS.
- Andrews, M.P., Bubolz, M.M., and Paolucci, B. (1980). An ecological approach to study of the family. *Marriage and Family Review*, 3, 1/2.
- Broderick, C.B. (1993). *Understanding family process: Basics of family systems theory*. Newbury Park, CA: Sage Publications.
- Cunningham, K., Gieszer, M. et al. (1999). Ethnographic research and programmatic outcomes: Empowering families of individuals with serious mental illness. *Practicing Anthropology* 21, 1, 13–17.
- Dunst, C.J., Trivette, C.M., and Deal, A.G. (Eds.) (1995). *Supporting and strengthening families, Volume 1: Methods, strategies, and practices*. Cambridge, MA: Brookline Books.
- Eade, D. (1997). *Capacity-building: An approach to people-centered development*. Herndon, VA: Stylus Publishing.
- Family Resource Coalition (1996). *Guidelines for family support practice*. Chicago, IL: Family Resource Coalition.
- Falicov, C.J. (1995). Training to think culturally: A multidimensional comparative framework. *Family Process* 34, December.
- Kumpfer, K.L., and Alvarado, R. (1995). “Strengthening families to prevent drug use in multiethnic youth.” In G.J. Botvin, S. Schinke, and M.A. Orlandi (Eds.). *Drug Abuse Prevention with Multiethnic Youth*. Thousand Oaks, CA: Sage Publications.
- Ma, X.G. (1994). *Strengthening the family: A holistic approach to family wellness*. Norman, OK: The University of Oklahoma College of Continuing Education.
- Packard, T. (1995). “TQM and organizational change and development.” In B. Gummer and P. McCallion (Eds.). *Total Quality Management in the Social Services: Theory and Practice*. Albany, NY: Rockefeller College Press.
- Walsh, F. (1998). *Strengthening family resilience*. New York, NY: Guilford Press.

SCORE SHEET

AREA	POINT SCORE	DEVELOPMENTAL STAGE
Organization		
Service Delivery		
Human Resources		
Community		
Overall Score (Total)		

AREA	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Organization	1-4 points	5-8 points	9-12 points	13-16 points	17-20 points
Service Delivery	1-5 points	6-10 points	11-15 points	16-20 points	21-25 points
Human Resources	1-2 points	3-4 points	5-6 points	7-8 points	9-10 points
Community	1-4 points	5-8 points	9-12 points	13-16 points	17-20 points
Overall Score (Total)	1-15 points	16-32 points	33-47 points	48-63 points	64-75 points



Your partner for a safe, strong, and healthy community.

504 West 29th Street • Tucson, Arizona 85713-3353 • 520.884.9920